



# PHYSICIAN'S PHYSICAL FORM

Entering School Year \_\_\_\_\_

Student Id# \_\_\_\_\_

***SECTION I - TO BE COMPLETED BY PARENT(S)***					
Child's Name (Last) _____ (First) _____		Social Security No. _____	Date of Birth _____	Sex M or F _____	
Parent(s)/Guardian Name _____		Home Phone Number _____	Work Phone Number _____		
I give my consent for my child's Health Care Provider and Child Care Provider to share the information on this form.		<b>Primary Health Care Service Provider:</b> (Name, Phone # of Physician, Clinic, Hospital: See Medical Agreement)			
Signature / Date _____					
***SECTION II - TO BE COMPLETED BY HEALTH CARE PROVIDER***					
Date of Physical Examination: _____			Results of physical Exam Normal? ( ) Yes ( ) No		
***GENERAL APPEARANCE (Note abnormalities of the following, if any)*** Nutrition, Nose, Lungs, Malformation, Head, Throat Abdomen, Chest, Eyes, Heart, Genitalia, Tonsils, Ears, Adenoids, Skin, Teeth					
Weight _____	Height _____	Head Circumference (if 2< years) _____	Blood Pressure (if > 3 years) _____		
***PREVENTATIVE HEALTH SCREENINGS***					
Type Screening	Date Performed	Note if Abnormal	Type Screening	Date Performed	Note if Abnormal
Hearing	_____	_____	Sickle Cell	_____	_____
Vision	_____	_____	*Stool	_____	_____
Dental	_____	_____	*Urinalysis	_____	_____
Developmental	_____	_____	Lead: ( ) Capillary ( ) Venous	_____	_____
* Hematocrit/Hemoglobin	_____	_____	Last Dentist's Examination	_____	_____
***IMMUNIZATIONS***					
Polio/IPV _____ DTAP _____ MMR _____ BCG _____ PPD _____ HIB _____			( ) Immunization Record Attached Date Next Immunization Due: _____ Hepatitis B _____ HBIG _____ Varicella _____ PCV 7 _____ FLU _____ Other: _____		
History of Diseases	Family History of Disease	Medical Conditions ( )			
( ) Mumps ( ) Measles ( ) Polio ( ) Whooping Cough ( ) Chicken Pox ( ) Other diseases and illness  Explain (if necessary): _____ _____ _____	Parasites ( ) Yes ( ) No Tuberculosis ( ) Yes ( ) No Diabetes ( ) Yes ( ) No Others: _____  Explain: (if yes to any): _____ _____ _____	Chronic Medical Conditions: ( ) None Medications/Treatments: ( ) None Limitations to Physical Activity ( ) None Special Equipment Needs ( ) None Special Diet/Vitamin & Mineral Supplements ( ) None Behavioral Issues/Mental Health Diagnosis ( ) None Emergency Plans ( ) None			
History Allergies/Sensitivities _____ _____ _____					
****I have found this child free of communicable and contagious diseases. ( ) Yes ( ) No Recommendations for follow-up medical care: _____ _____			Next Appointment: (Month/Year):  Health Care Provider Stamp:  Date: _____		
Physician's Signature: _____			Date: _____		

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## IMMUNIZATION RECORD *(Attach a copy of immunization card/shot record)*

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If your child's "shot record" is lost, or if it is well worn and frayed, new updated cards can be obtained at the old Charles Harwood Hospital or from your child's pediatrician. For further information call 773-1330, extension 238.

## AZ Academy's Physical Form Time Table

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Physical examinations, laboratory work and proof of immunization are required annually of students in pre-kindergarten, kindergarten and first grade. Students entering AZ Academy for the first time after first grade are required to complete a physical examination and provide proof of immunization. These reports are to be **updated every three years** after first grade as described below.

- \* New and returning pre-kindergarten, kindergarten & 1st grade students should submit a Physician's Physical Form (with laboratory work and proof of immunization included) **annually**.
- \* New enrollees in 2nd grade and beyond should submit a Physician's Physical Form (with proof of immunization included) **prior to the first day of school**.
- \* After first grade, students update their physical paperwork tri-annually. See chart below.
- \* For grades 10, 11, and 12, a Physician's Physical Form with proof of immunization is required **upon admission only**.

Grade of Last Physical	Grade Next Physical Due
1	4
2	5
3	6
4	7
5	8
6	9
7	10
8	11
9	12

## OFFICE USE

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Next physical is due in grade \_\_\_\_\_

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