

**Plainedge Public Schools
Physical Examination Form**

Student # _____

School: _____

Grade: _____

Teacher: _____

Student's Name: _____ Sex: _____ Date of Birth: _____

Address: _____ Phone: _____

This certifies that the above named student was examined and found to be in good health and able to participate in all athletic programs.

Yes No Please explain: _____

Height: _____ Weight: _____ BMI: _____ Weight Status Category: _____ Blood Pressure: _____

Pulse: _____ Scoliosis: _____ Vision: _____ Hearing: _____

Medical History: _____

Allergies: _____

Positive Physical Findings: _____

Recommendations and/or Exceptions: _____

Medications: _____

Immunizations:

Attach Official Stamped Record

In the last twelve months, has the student had:

- | | | |
|-----------------|------------------------------|-----------------------------|
| Pre-diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type 1 diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Type 2 diabetes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asthma | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prehypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hypertension | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**For Interscholastic Athletic Activities
(Grades 7 through 12 only)**

The above named student is physically qualified to participate in all of the following interscholastic athletic activities during the school year:

Yes _____ No _____

Baseball	Cross Country	Lacrosse	Tennis *
Basketball	Football	Soccer	Track & Field
Bowling *	Golf *	Softball	Volleyball
Cheerleading *	Hockey *	Swimming *	Wrestling

High School *

Exemptions: _____

Physician's Comments: _____

Date of Exam: _____

Physician's Stamp:

Physician's Signature: _____

Physician's Phone No.: _____