



# 2025 - 2026 ANNUAL PHYSICAL EXAM FORM

(Grades TK - 3)

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Pulse: \_\_\_\_\_ BP: \_\_\_\_\_

Vision: R 20/\_\_\_\_ L 20/\_\_\_\_ Glasses/Contacts: ☐ Yes ☐ No Pupils: ☐ Equal ☐ Unequal

	Normal	Abnormal	Describe abnormality in detail
<b>Medical</b>			
Appearance			
Skin			
Eyes/Ears/Nose			
Throat/ Oropharynx			
Lymph Nodes			
Heart			
Pulses			
Lungs			
Abdomen			
Genitalia/ Hernia			
<b>Musculoskeletal</b>			
Neck			
Back			
Shoulder/arm			
Elbow/forearm			
Wrist/hand			
Hip/thigh			
Knee			
Leg/ankle			
Foot			

## CLEARANCE

- ☐ Cleared for Physical Education
- ☐ Restricted(indicate): \_\_\_\_\_
- ☐ Not Cleared: \_\_\_\_\_ Reason: \_\_\_\_\_

Comments&Recommendations: \_\_\_\_\_

Name of Healthcare Provider (print/type)\_\_\_\_\_Date\_\_\_\_\_

Address\_\_\_\_\_Phone\_\_\_\_\_

Signature of Healthcare Provider:\_\_\_\_\_MD/DO/NP/PA-C