

SAXON HILL SCHOOL  
P.O. BOX 68  
JERICHO, VERMONT 05465  
899-3832

**PHYSICAL EXAMINATION**

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

I do give \_\_\_\_\_ permission to send this report to school for my child.  
(physician)

\_\_\_\_\_  
(signature of parent/guardian)

SIGNIFICANT MEDICAL HISTORY

History of recent illnesses, accidents, or chronic problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHYSICAL EXAMINATION

Date of Examination: \_\_\_\_\_

PHYSICAL FINDINGS

Scalp, Skin, Hair	Lungs	HCT/HGB
Nose and Throat	Abdomen	BP
Ears/Hearing	Back	HT
Eyes/Vision	Bones/Joints	WT
Teeth and Gums	Muscle Tone	Last DTaP/TD booster
Thyroid Gland	Posture	Last IPV/OPV booster
Lymph Nodes	Genitalia	2 <sup>nd</sup> MMR
Neuro	Menstruation	Hep B Series #1
Heart	Urinalysis	#2 #3

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Immunizations Given Today: \_\_\_\_\_

RECOMMENDATIONS AND FINDINGS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I feel this person can participate in the sport of choice based upon the above information providing s/he can pass the physical fitness requirements set forth by the coach and school in regard to this sport.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_