

Physical Examination Form

*Examination Form –
To be completed by
physician*

A physical examination is required for all first time entrants, all new students to the school, and all students participating in the sports program. The Physical Information form is valid for one year from the date of completion. The Physical Information form and the Health History information form are required prior to the first day of day. A current State of Georgia **CERTIFICATE OF IMMUNIZATION (GA FORM 3231)** must also be completed, signed by your physician and submitted to Our Lady of Victory Catholic School prior to the first day of school.

Student Name _____ **Date of Birth** _____
First Middle Last

Relevant Health Information	Physical Assessment	Normal	Abnormal	Not Examined
Present Age: yrs. mos.	General Appearance			
Height: inches (%)	Skin			
Weight: lbs. oz.	Head			
Blood Pressure:	Eyes:			
Pulse/Respiration:	1) Reflex Test			
% Body Fat (opt.):	2) Cover Test			
Urinalysis (opt.):	Ears/Hearing			
Hemoglobin or Hematocrit (opt.):	Nose, Mouth, Throat, Teeth			
	Neck (Lymphatic/Thyroid)			
Other:	Lymph Nodes			
Vision:	Heart			
1) R 20/	Murmurs			
2) L 20/	Pulses			
Pass or Fail	Lungs			
Corrected: Y or N	Abdomen (include hernias)			
Pupils:	Genitourinary (males only)			
Equal or Unequal	Orthopedic			
	Neurologic			
Hearing:	Back			
1) 25 dB R: L:	Shoulder/Arm			
2) 1000 Hz R: L:	Elbow/Forearm			
3) 2000 Hz R: L:	Wrist/Hand/Fingers			
4) 4000 Hz R: L:	Hip/Thigh			
	Knee			
Scoliosis Screening:	Leg/Ankle			
Pass or Fail	Foot/Toes			

Please list any health history concerns, findings or recommendations: _____

I have examined the child named on this form and find that in regards to the athletic and physical education programs of the school, he/she is:

CLEARED – without restriction

CLEARED – with recommendations for further evaluation or treatment for: _____

NOT CLEARED – for all sports certain sports: _____
 Reason: _____
 Recommendations: _____

Name of Physician (print/type): _____ Date: _____

Address: _____

Signature: _____ Phone: _____
(stamped signature not accepted)

*Pursuant to
Archdiocese of Atlanta
Form 5320*