PLEASE NOTE: A SCHOOL PHYSICAL IS NOT VALID IF ADMINISTERED BEFORE APRIL 15, 2009 AND IT IS NOT VALID WITHOUT A DOCTOR'S SIGNATURE

PHYSICAL EXAMINATION REPORT

Michigan state law requires all students attending school in this state be immunized and the record be completed on the reverse of this form. This form must be completed and submitted to the School Nurse before the student arrives on campus. Any student who does not have both sides of this form completed ***WILL NOT*** be admitted to school.

STUDENT'S LAST NAME FIRST NAME M.I.

MO:_____DAY:_____YEAR:_____ _____ _____in._____lbs.
DATE OF BIRTH **AGE** **HEIGHT** **WEIGHT**

MEDICAL HISTORY

(ATTACH ADDITIONAL SHEETS AS NECESSARY)

Provide significant details of student's medical history, including serious illness, operations, accidents, allergies, etc.:

Provide significant details of family medical history, including diabetes, tuberculosis, epilepsy, heart disease, etc.:

Has the applicant ever been treated by a psychiatrist or psychologist? YES_____NO_____ If YES, please explain and include documentation.

REPORT OF EXAMINATION

(ELABORATE ON POSITIVE FINDINGS BELOW N=NORMAL, A=ABNORMAL)

N	A		N	A		N	A	
☐	☐	General Nutrition	☐	☐	Teeth & Gingiva	☐	☐	Abdomen
☐	☐	Skin	☐	☐	Glands	☐	☐	Genitalia
☐	☐	Eyes	☐	☐	Speech	☐	☐	Neuro Muscular
☐	☐	Ears	☐	☐	Heart	☐	☐	Skeleton
☐	☐	Nose & Throat	☐	☐	Lungs	☐	☐	Emotional Status

NO	YES	
☐	☐	Is the student currently under treatment?
☐	☐	Is the student currently under medication?
☐	☐	Should this student have restrictions on play or physical education activities? If yes, explain:

Please use this space to elaborate on any of the above, or to make any other recommendations, which might be beneficial to the student's physical or mental well-being. (Attach additional sheets as necessary)

_____ _____
Date Signature of examining physician

_____ (_____) _____
Name (Please Print) Phone

_____
Address City State Zip