

**ST. CHARLES BORROMEO SCHOOL
HEALTH EXAMINATION
(TO BE COMPLETED BY A PHYSICIAN)**

Today's date:			GRADE		
PATIENT INFORMATION					
STUDENTS LAST NAME:		FIRST:	MI:	HEIGHT:	WEIGHT:
HBG OR HCT:	BLOOD PRESSURE:	URINE:		GLASSES <input type="checkbox"/> YES	VISION: R20/ L20/ <input type="checkbox"/> NO
			EARS HEARING AIDS <input type="checkbox"/> YES <input type="checkbox"/> NO	HEARING R L	
SPEECH NORMAL <input type="checkbox"/> YES <input type="checkbox"/> NO	Recommendations regarding treatment and corrections of deficits:		DEVELOPMENT NORMAL <input type="checkbox"/> YES <input type="checkbox"/> NO	Recommendations regarding treatment and corrections of deficits:	
LEARNING PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please specify:				
EMOTIONAL PROBLEMS <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please specify:					
Any conditions that may result in an emergency? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, please specify:					
LIST ABNORMAL FINDINGS OF COMPLETE MEDICAL EXAM					

Is there a condition which may limit participation in:		
Classroom activity <input type="checkbox"/> YES <input type="checkbox"/> NO	Physical education <input type="checkbox"/> YES <input type="checkbox"/> NO	Competitive sports <input type="checkbox"/> YES <input type="checkbox"/> NO
If yes to any, please specify:		
PHYSICIAN INFORMATION		
SIGNATURE:	ADDRESS:	PHONE DATE