



St. Louis Language Immersion Schools

Physical Examination Form

Name: _____

Date of Birth: _____

HISTORY:

Medications: _____

Allergies: _____

Chronic Medical Problems: _____

PHYSICAL EXAMINATION:

Date of Exam: _____

Height: _____ Weight: _____ Eyes: _____ Ears: _____

Nasal Passages: _____ Throat: _____ Teeth/Gums: _____

Skin/Scalp: _____ Mental: _____

Heart: _____ Blood Pressure: _____ Lungs: _____ Respirations: _____

Orthopedic: _____ Abdominal: _____ Genitalia: _____

Other (Specify): _____

Fit for all physical activities: Yes: _____ No: _____ Restrictions: _____



Signature of Examining Physician M.D.

Date



If you have already submitted your immunization records to our office, please remember to submit updated records for any booster shots received.