

DIOCESE OF TUCSON CATHOLIC SCHOOLS



Physical Examination form

THIS SECTION TO BE FILLED OUT BY PARENT

Student Name _____ Entering Grade _____
 Date of Birth _____ Address _____
 Father's Name _____ Mother's Name _____

Medical History Date and/or Comment _____

Allergies _____
 Chicken Pox _____ Heart Condition _____ Tonsillitis _____
 Mumps _____ Rheumatic Fever _____ Diabetes _____
 Whooping Cough _____ Valley Fever _____ Infectious Hepatitis _____
 Asthma/Reactive Airway _____ Measles _____ Tuberculosis or Contact _____
 Convulsive Disorders _____ German Measles _____ Operations _____
 Chest Conditions _____ Scarlet Fever _____ Injury or Accidents _____
 Eye, Ear, Nose _____ Strep Infections _____ Other _____

IMMUNIZATIONS	1	2	3	4	5	6
DTP/DT/Td						
OPV/IPV						
MMR						
Hib						
Hep B						
Varicella						
Others						

PARENT/GUARDIAN Signature Required _____

THIS SECTION TO BE FILLED OUT BY PHYSICIAN

Height _____	Vision B _____	Vision B _____
Weight _____	without R _____	with R _____
B.P. _____	Glasses L _____	Glasses L _____
Eyes _____	Glands _____	Skin _____
Ears _____	Heart _____	Nutrition _____
Nose _____	Lungs _____	Speech _____
Teeth _____	Hernia _____	Urinalysis _____
Gums _____	Orthopedic _____	Albunin: _____ Sugar _____
Throat _____	Scoliosis: Neg. _____ Pos _____	Hgb: _____
Tonsils _____	Posture _____	Cocci: _____ Date: _____ Res: _____
Abdomen _____		Tbc: _____ Date: _____ Res: _____

Physical Education Regular _____
 Restricted (indicate) _____
 O.K. for athletics? Yes _____ No _____
 Doctor's Comments and/or Recommendations: _____