

PHYSICAL FORM PAGE 1

ALL INCOMING STUDENTS MUST HAVE A PHYSICAL EXAMINATION BY A LICENSED UNITED STATES PHYSICIAN. IF YOUR CHILD ANTICIPATES TRYING OUT FOR A SPORT, THE PHYSICAL MUST BE DATED ON/AFTER JUNE 1ST.

Saint Francis Preparatory School
6100 Francis Lewis Boulevard, Fresh Meadows, NY 11365
Personal History **Due 9/5/17**

SECTION A

NAME _____ Social Security # _____
(Last) (First) (MI)
Address _____ M/F D.O.B. _____

Father _____ Living _____ Dead _____ Cause _____
Mother _____ Living _____ Dead _____ Cause _____
Brothers&Sisters(number) _____ Living _____ Dead _____ Cause _____

History of family disease _____

Check below if you have any of the following:

Description	Age/Year	Recovered	Still Present
ALLERGIES _____			
EIPEN YES _____ NO _____			
ASTHMA _____			
DIABETES _____			
HEADACHES _____			
HEART DISEASE _____			
KIDNEY DISEASE _____			
RHEUMATIC FEVER _____			
SEIZURES _____			
THYROID DISEASE _____			
HEARING PROBLEM _____			
SPEECH PROBLEM _____			
VISION PROBLEM _____			
ORTHOPEDIC PROBLEM _____			
SERIOUS ACCIDENT _____ ILLNESS _____			
SURGERY _____			
CANCER _____			

List all childhood diseases you ever had: _____

Are you under any form of treatment now? ___ specify _____

Are you taking any medication? _____ Counseling Yes ___ No ___

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SECTION B – COMPLETED BY UNITED STATES PHYSICIAN

General Appearance _____ Height _____ Weight _____ BMI _____
Eyes Vision uncorrected R _____ L _____ BMI% _____
Corrected R _____ L _____
Ears Hearing R _____ L _____ Drums R _____ L _____
Nose _____ Sinuses _____
Mouth _____ Throat _____ Tonsils _____ Thyroid _____
Dental Status _____ Speech Therapy _____
Skin _____ Scars _____

Heart Rate _____ Rhythm _____ Murmur _____ BP _____ Cardiac follow up Yes ___ No ___
Allergies _____ Epi-Pen Yes _____ No _____ Allergy follow-up Yes ___ No ___
Asthma _____ LIMIT RUNNING YES ___ NO ___ Asthma follow up Yes ___ No ___
Spine _____ Brace Yes ___ No ___ Scoliosis follow Yes ___ No ___
Abdomen Liver _____ Spleen _____ Hernia _____
Urine _____ Blood _____
Psychosocial impression _____

FULL PHYSICAL ACTIVITY YES _____ NO _____

Date of most recent tetanus - Type _____ Date _____

STAMP

SIGNED _____

DATE OF EXAMINATION _____



SPORTS PHYSICALS MUST BE RENDERED ON/AFTER JUNE 1, 2017

SECTION C: PARENTAL PERMISSION TO SHARE INFORMATION

In order to best care for my child I give Saint Francis Preparatory School permission to share information on this physical examination with the faculty.

Signature of Parent or Guardian _____ Date _____

