

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

SECTION A

NAME (Last) (First) (MI) Social Security #

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:

Table with 4 columns: Description, Age/Year, Recovered, Still Present. Rows include 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

PHYSICAL FORM PAGE 2

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 _____

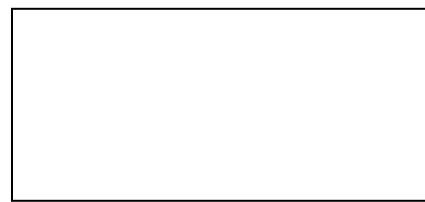
Psychosocial impression _____

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 _____