

North Linn Community School Physical Form

NAME:	DOB:
ALLERGIES:	DATE OF EXAM:

HEIGHT:	WEIGHT:
BLOOD PRESSURE:	HEART RATE:
VISION ACUITY: RIGHT _____ LEFT _____ BOTH _____	HEARING ACUITY: RIGHT _____ LEFT _____ BOTH _____

PHYSICAL EXAM

	WDL/XWDL (Explain)
General Appearance, Posture, Gait	
Speech/Language Development	
Behavior During Exam	
Skin	
HEENT	
Heart	
Lungs	
Abdomen	
Genitalia	
Extremities, Joints, Muscles, Spine	
Neurological	

- HEALTH CONDITIONS (Asthma, Seizures, ADHD/ADD, Migraines, etc.): _____
- HEALTH CONCERNS: _____
- CURRENT MEDICATIONS: _____

- The child may participate in developmentally appropriate activity with **NO** restrictions
- The child may participate in developmentally appropriate activity with the following **restrictions**:

Physician Name (Printed): _____

Physician Signature: _____ DATE: _____