



SUMMER PHYSICAL EXAMINATION 2023

Due: May 19th

Student: Mr. Miss (Circle One)

Last	First	Middle	Preferred
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This form must be completed in its entirety, signed and dated by a licensed physician or family nurse practitioner (FNP). The physical examination must be completed on this form and dated after 1/1/2023.

Physician's Examination

Height:	in.	%	Weight:	lb.	BMI:
Blood Pressure:			Heart rate:		
Nutritional Status:			Last Dental Exam:	Last cleaning:	
General Appearance:					
Skin:					
Mental Status:					
Neurological:					
History of Seizures:					
HEENT:					
Vision:	Left:	Right:	Requires Correction: <input type="checkbox"/> YES <input type="checkbox"/> NO		
History of Headache? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, treatment?		
Hearing:					
Pulmonary:					
Cardiovascular:					
GI:					
GU:					
Reproductive:					
History of Hernia? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, treatment?		
Musculoskeletal:					

Does the student currently receive physical therapy? YES NO
 If yes, please describe the frequency and type:

Does the student have physical limitations? YES NO
 If yes, please describe:

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Last

First

Middle

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Medical History

Health Concern:

Current Treatment:

Chronic Medical Illness:	
Emotional/Mental Health: (ie: OCD / Depression / ADHD / Anxiety)	
Eating Disorders: (ie: Anorexia / Bulimia / Purging)	
Environmental:	
Childhood Illnesses:	

Previous Injury

Old/New	Type of Injury	Location of Injury	Treatment

Do you have any concerns related to this student participating in an intensive, rigorous program of academic and artistic study? YES NO

If yes, please share any concerns that would assist us in caring for this student.

Physician Completing Form

_____		_____	
Physician's Name Printed		Physician's Signature	
_____		_____	
Practice Name		Date Exam Completed	

Mailing Address		City	State
_____		_____	_____
_____		_____	
Telephone Number		Fax Number	