

OSARK ADVENTIST SCHOOL
PHYSICAL ASSESSMENT
 To Be Completed By Physician

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Height: _____ Weight: _____ Blood Pressure: _____

History (Please check those he/she has had)

Past Illnesses: ___Cancer ___Chicken Pox ___Diabetes ___Diphtheria ___Epilepsy ___Heart Disease
 ___Measles ___Rheumatic Fever ___Scarlet Fever ___Tuberculosis ___Whooping Cough ___Mumps

	Normal	Abnormal	Not Examined	Explain Abnormalities/Comments
Skin: Color, Rash Swelling, Hair, Nails				
Eyes: Vision, Glasses				
Ears: Hearing				
Nose:				
Mouth: Tongue, Teeth, Oral, Tonsils, Pharynx				
Neck: Thyroid, Range Of Motion				
Nodes: Cervical, Auxiliary Inguinal, Other				
Heart: Rate, Rhythm, Murmur				
Lungs: Rate, Percussion				
Abdomen: Enlargement, Tenderness, Hernia				
Genito-Urinary: Female External, Male Parts, Hernia				
Musculoskeletal: Range of Motion, Tenderness, Spine				
Neurological: Cerebellar Function, Motor System, Cranial Nerves				
Development: Gross Motor				
Fine Motor				
Social				
Speech/Lang.				

Continued on Back Side

Explain briefly factors as surgeries, serious accidents or injuries, congenital defects, which may affect the child's school experience: _____

Medications: _____

Allergies: _____

Recommendations for additional medical or dental care: _____

This student may participate in normal physical education program which includes such activities as running, jumping, and tumbling. (please circle) Yes No (Please Explain)_____

Physician Signature

Date

IMMUNIZATIONS: An official record of immunizations must accompany this medical record for all students entering school in the United States regardless of grade level. Records considered official are:

- State Immunization Record
- Health Provider Record – must have signature, stamp, or initials next to each date
- County Health Department Record
- Official Immunization Record from another state

To be completed by a physician and kept on file at the school for all:

- a) Students entering school for the first time
- b) Students entering the 5th grade (this should include the scoliosis examination).