

# St. John School Health Information and Physical Exam Form

Student: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_

St. John School requires all **new** students and all students **entering Kindergarten, 4<sup>th</sup> and 7<sup>th</sup> grade** provide a recent physical exam and a current immunization record. In addition, a physical will be required annually for all students participating in St. John athletic teams or after-school athletic classes.

The physical exam may be recorded on this form or on a separate document from the physician. If your student has had a change in health status since the last physical on file, please provide an update.

Please submit the physical along with an updated immunization records to:

St. John School Attn: School Nurse, 15800 Manchester Road, Ellisville, MO 63011  
or email: [nurse@stjstl.net](mailto:nurse@stjstl.net) or fax: 636-224-3303

If your child has an Immunization Exemption, the original copy must be up- to- date and on file in the School Office. Email the school nurse if you have questions.

**All documents are due by August 1.**

## Physical Examination – to be completed by Physician

Date of Exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ B/P: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_

Eyes: R: \_\_\_\_\_ L: \_\_\_\_\_ Hearing: \_\_\_\_\_  Scoliosis: \_\_\_\_\_

History/Medical Diagnoses – Check any that apply:

**IMMUNIZATION RECORD must be attached**

Chronic Condition/ Major Surgeries: \_\_\_\_\_

Allergies (food, medication, other) \_\_\_\_\_

Special Seating Recommendation: \_\_\_\_\_

Medications to be taken at school (list): \_\_\_\_\_

Review of systems: \_\_\_\_\_

ROM Back Neck Shoulders Lower Extremities Upper Extremities

WNL If not, explain; \_\_\_\_\_

Full Participation  None  Limited (explain): \_\_\_\_\_

Physician's name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**Signature of Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_