STANDARD PHYSICAL EXAMINATION FORM

To be completed by a Licensed Physician
Mandatory for Re-enrolling Students Entering Grade 9

We RECOMMEND that all children have a physical examination every year, especially those who compete in strenuous activities and sports.

Name_____Incoming Grade_____ Age_____ Sex_____

Height (cm) _____Weight (kg)_____ Blood Pressure_____ Vision: R _____ L ____ Both _____Blood type_____
OPTIONAL

Please review the following areas:	Normal	Abnormal	DESCRIPTION (Attach additional sheets if necessary)
1. Head, Eyes, Ears, Nose, Throat			
2. Respiratory			
3. Cardiovascular			
4. Gastrointestinal			
5. Hernia			
6. Genitourinary			
7. Musculoskeletal			
8. Metabolic/Endocrine			
9. Neurological/psychiatric			
10. Skin			
11. Mammary			

Describe Findings: _____

_____

Comments: _____

_____

An ECG (12-lead resting electrocardiogram) is REQUIRED for re-enrolling students entering Grade 6 &9 starting SY 2014-2015.

Diagnosis: ❑ normal ECG ❑ further cardiological diagnostic required (Please specify and present findings.) ❑ pathological heart condition (Please specify.)

Findings:_____

If further tests are required, please submit findings along with this form to the ISM Clinic.

Able to participate in physical education activities: ❑ *No* ❑ *Yes*

Restricted from certain sports: _____

Note: ECG results are only deemed valid within one (1) year from the examination date.

PROVIDER INFORMATION

_____

Physician's Printed Name Signature and Title License Number Date

_____

Address Office Phone