



STANDARD PHYSICAL EXAMINATION FORM

To be completed by a Licensed Physician
Mandatory for Re-enrolling Students Entering Grade 6 and 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 .

Diagnosis: ☐ ECG within normal range ☐ 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.

Remarks: _____

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 _____