

The Atonement Academy

Student Physical Examination

(210-695-2240 fax 210-695-9679)

(To be completed by the physician.)

Student's Name _____ Grade _____ M ___ F ___

Student's Date of Birth _____ Date of Physical _____

Physician Name _____ Telephone _____

Physician Address _____ Zip Code _____

Height _____ **Weight** _____ **BP** _____ / _____ **Pulse** _____

Vision R 20/ _____ **L** 20/ _____ **Corrected? Y or N** _____ **Pupils** _____

	Normal		Abnormal Findings	Initials	
Cardiopulmonary	_____		_____	_____	
Pulses	_____		_____	_____	
Heart	_____		_____	_____	
Lungs	_____		_____	_____	
Tanner	1	2	3	4	5
Skin	_____		_____	_____	
Abdominal	_____		_____	_____	
Genitalia	_____		_____	_____	
Menses	_____		_____	_____	
Musculoskeletal	_____		_____	_____	
Neck	_____		_____	_____	
Ears	_____		_____	_____	
Nose	_____		_____	_____	
Shoulder	_____		_____	_____	
Elbow	_____		_____	_____	
Wrist	_____		_____	_____	
Hand	_____		_____	_____	
Back	_____		_____	_____	
Knee	_____		_____	_____	
Ankle	_____		_____	_____	
Foot	_____		_____	_____	
Other	_____		_____	_____	

Date of last Tetanus booster: _____

This student is cleared for general physical education activities and after-school sports: ___ Yes ___ No

If no, please explain:

Physician's Signature _____ **Date** _____