

OLD SAYBROOK SCHOOL DISTRICT

MEDICAL EXAMINATION – To be completed by Medical Doctor or his/her designee

Name: _____ Date of Birth: _____ Date of Exam: _____

GENERAL EXAM

	NORMAL	ABNORMAL FINDINGS
APPEARANCE		
SKIN		
HEENT		
RESPIRATORY		
CARDIOVASCULAR		
	Arrhythmia	
	Murmur	
ABDOMEN		
SPINE		
NEUROLOGICAL		
GENITALIA (hernia)		
PHYSICAL MATURITY	TANNER STAGE	1 2 3 4 5

HEIGHT: _____ WEIGHT: _____
 BLOOD PRESSURE: _____ PULSE: _____
 HCT/HGB: _____
 URINALYSIS: _____ Protein: _____ Blood: _____ Glucose: _____
 VISUAL ACUITY: _____ Right: _____ Left: _____
 CORRECTED TO: _____ Right: _____ Left: _____
 HEARING: _____
 BODY FAT (Optional): _____
 CHOLESTEROL (Optional): _____
 VARICELLA IMM. DATE OR DATE OF DISEASE: _____
 HEPATITIS B SERIES Dates: _____
 LAST TETANUS BOOSTER/DT Date: _____
 LAST MEASLES (MMR) BOOSTER Date: _____
 OTHER IMMUNIZATIONS Date: _____

SUMMARY: _____

ORTHOPEDIC EXAM

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

	NORMAL	ABNORMAL FINDINGS
NECK		
SPINE		
SHOULDERS		
ARMS/HANDS		
HIPS		
THIGHS		
KNEES		
ANKLES		
FEET		

RECOMMENDATIONS

WEIGHT LOSS/GAIN: _____ MEDICATIONS: _____
 STRENGTHENING: _____ SPECIAL EQUIPMENT: _____
 STRETCHING: _____ BRACING/TAPING: _____

CONDITIONING (Endurance): _____
 I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except for those listed below:

Signature of Medical Doctor _____ Date _____ Telephone No. _____ Medical Doctor (Print or Stamp) _____

SIGNATURE OF MEDICAL DOCTOR _____ DATE _____