



Lindbergh Schools

4900 S. Lindbergh Blvd., St. Louis, MO 63126 • 314-729-2400 • www.lindberghschools.ws

Physical Exams are recommended upon enrollment and at 5th, 7th and 10th grades. The Missouri State High School Activities Association requires a yearly exam prior to participation in scholastic athletics in grades 9 through 12, this exam must be dated on or after February 1st to be valid for the following school year.

REPORT OF PHYSICAL EXAMINATION

School _____ Grade _____ M _____ F _____

Student's Name _____ Date of Birth _____

Health History: Enter the year(s) in which your child had the following:

Asthma	Measles	Rubella	Mumps	Anemia
Meningitis	Chicken Pox	Allergies	Seizure Disorder	Diabetes
Tuberculosis	Hepatitis A	Hepatitis B	Hepatitis C	

Health Information: Please list any allergies, injuries, operations, serious illness, heart conditions, vision problems, hearing loss, and/or any other health information you feel would be helpful.

If your child on medication at home? (please list) _____

NOTE: Physician to complete this section

Height	Weight	Pulse	Blood Pressure
Nutrition	Skin	Scalp	Teeth
Gums	Nose	Throat	Ears
Eyes	Heart	Lymph	Lungs
Ortho	Scoliosis	Abdomen	Genitalia
Reflexes	Urine	Hernia	

Significant concerns: _____

Can student carry a full program of school work? YES _____ NO _____

Should physical activity be restricted? YES _____ NO _____ explain _____

May participate in competitive sports? YES _____ NO _____ explain _____

HEARING TEST: Type of test _____ R _____ L _____

VISION TEST: Type of test _____ R _____ L _____ Glasses? _____

(Nurse Practitioners must show proof of collaborative practice)

******* LICENSED CARE PROVIDER: PLEASE SIGN AND STAMP BELOW *******

Signature, Title

Date

Stamp:

Phone