

School Year: 2008-09

Grade: _____

WESLEY ACADEMY
Physical Examination Form

10570 Westpark Dr.
Houston, Texas 77042

Clinic: 713-458-4776
Fax: 713-458-4766

ATTACH TB TEST RESULTS AND IMMUNIZATION RECORD

TO BE COMPLETED BY PHYSICIAN

RELEVANT HEALTH INFORMATION	PHYSICIAN ASSESSMENT
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NAME _____ GENDER _____ DOB _____ LAST EXAM DATE _____

PRESENT AGE	_____ YRS. _____ MOS.	GENERAL APPEARANCE	Normal	Abnormal	Not Eval.
HEIGHT(NO SHOES)	_____ INCHES (_____%)	SKIN			
WEIGHT (LIGHT CLOTHING)	_____ LBS. _____ OZ. (_____%)	HEAD			
BLOOD PRESSURE	_____ / _____ mm Hg	EYES			
RESPIRATORY RATE		1) LIGHT REFLEX			
PULSE		2) COVER TEST			
SPINAL SCREENING		EARS			
	Normal		Abnormal	Not Eval.	
ORTHOPEDIC (POSTURE/GAIT)		ABDOMEN (INCLUDES HERNIAS)			
NECK (LYMPHATIC/THYROID)		GENITALIA			
HEART		NOSE, MOUTH, PHARYNX, TEETH			
LUNGS		NEUROLOGIC			

HEARING/VISION SCREENING (if available)

Screening assessed at school for new students and students in K, Grades 1, 3, 5, and 7

HEARING SCREENING 1st

At 25 dB R L

500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

Pass Fail

RESCREEN

VISION SCREENING 1st

Pass Fail

RESCREEN

Signature _____ Date _____

Signature _____ Date _____

HEARING SCREENING 2nd

At 25 dB R L

500 Hz		
1000 Hz		
2000 Hz		
4000 Hz		

Pass Fail

RESCREEN

DISTANCE ACUITY: R-20/____ L-20/____

Pass Fail

RESCREEN

Signature _____ Date _____

Signature _____ Date _____

IMPORTANT:

DOCTOR'S STATEMENT

I find that the above-named child is physically able to take part in all physical activities of Wesley Academy and has been found to be free of communicable and contagious diseases and is in good health.

EXCEPTIONS:

Signature of Physician

Date

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