



THE CANTERBURY EPISCOPAL SCHOOL
 1708 North Westmoreland Road • DeSoto, TX 75115
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 www.TheCanterburySchool.org

<u>Office Use Only</u>	
Date Rec'd:	_____
Grade:	_____
Copy to:	LS _____
	MS _____
	US _____

2011 – 2012 PHYSICAL EXAMINATION FORM

This form is required for ALL STUDENTS

The child's physician may choose to use data from the last office visit or physical exam, in lieu of another examination.

**THIS FORM MUST BE SIGNED BY THIS CHILD'S DOCTOR
 OR STAMPED WITH HIS/HER SIGNATURE.
 COMPLETED FORM VALID FOR ONE ACADEMIC YEAR.**

Completed By Physician

Student's Full Name: _____ **Date of Birth:** ____/____/____

PHYSICAL EXAMINATION: _____

Height Weight Blood Pressure Pulse

Urine Test: HGB or Hematocrit _____
 (at discretion of physician)

Hearing: Date ____/____/____

Spinal Curvature (Scoliosis): Normal ____ Abnormal ____

Passed ____ Observe ____ Referred ____
 500 1000 2000 4000

Neurological: Normal ____ Abnormal ____

R _____
 L _____

Cardiovascular: Normal ____ Abnormal ____

Vision: Date ____/____/____

Respiratory: Normal ____ Abnormal ____

Passed ____ Referred ____ Glasses ____ Contacts ____

Musculoskeletal: Normal ____ Abnormal ____

R 20/____ L 20/____

Endocrine: Normal ____ Abnormal ____

Screened with correction? Yes ____ No ____

IMMUNIZATIONS: _____

Immunizations required by the State of Texas are current: Yes ____ No ____ Exemption ____

Date of most recent Tetanus: ____/____/____

By my signature, I certify that this student is physically eligible to attend school and participate in any and all sports, physical education, or outdoor education activities unless otherwise indicated below.

Exemption: _____

Current physician's treatment or recommendations: _____

 Signature of Examining Physician

 Printed / Stamped Name of Physician

 Date