LaSALLE CATHOLIC ELEMENTARY SCHOOL & EARLY LEARNING CENTER
Xavier Catholic Schools

60 Edgewood Rd NW
Cedar Rapids, IA 52405
319-396-7818

Physical Exam Form

(To be complete by physician)

Child's Full Name:_____ Birthdate:_____

Address:_____ Height:_____ Weight:_____

Skin:_____ Head/Scalp:_____ Eyes:_____

Nose:_____ Lymph Nodes:_____

Ears:_____ (L) TM:_____ (R) TM:_____

Mouth:_____ Gingvia:_____ Palate:_____

Throat:_____ Neck:_____ Chest:_____

Heart:_____ BP:_____ Femoral Pulse:_____

Lungs:_____ Abdomen:_____ Genitalia:_____

Rectum/Anus:_____ Gait:_____ Urinalysis:_____

Vision

Right Eye:_____ Left Eye:_____ Both:_____

Hearing

Normal:_____ Abnormal:_____ Not Tested:_____

If Needed

Hemoglobin or Hematocrit:_____ Tuberculin Screening:_____

Sickle Cell Screening:_____ Development Testing:_____

Lead Screaning:_____ Other:_____

Allergies:_____

Current Medications:_____

Summary of Findings and Recommendations:

I have examined _____. He/She is_____ is not_____ physically and emotionally able to participate in your program.

Additional Comments:_____

Date of Exam:_____ _____

Signature of Physician Date