

# The Atonement Academy

## Student Physical Examination

(210-695-2240 fax 210-695-9679)

(To be completed by the physician.)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ M \_\_\_ F \_\_\_

Student's Date of Birth \_\_\_\_\_ Date of Physical \_\_\_\_\_

Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_

Physician Address \_\_\_\_\_ Zip Code \_\_\_\_\_

**Height** \_\_\_\_\_ **Weight** \_\_\_\_\_ **BP** \_\_\_\_\_ / \_\_\_\_\_ **Pulse** \_\_\_\_\_

**Vision R 20/** \_\_\_\_\_ **L 20/** \_\_\_\_\_ **Corrected? Y or N** \_\_\_\_\_ **Pupils** \_\_\_\_\_

	Normal		Abnormal Findings	Initials	
Cardiopulmonary	_____		_____	_____	
Pulses	_____		_____	_____	
Heart	_____		_____	_____	
Lungs	_____		_____	_____	
Tanner	1	2	3	4	5
Skin	_____		_____	_____	
Abdominal	_____		_____	_____	
Genitalia	_____		_____	_____	
Menses	_____		_____	_____	
Musculoskeletal	_____		_____	_____	
Neck	_____		_____	_____	
Ears	_____		_____	_____	
Nose	_____		_____	_____	
Shoulder	_____		_____	_____	
Elbow	_____		_____	_____	
Wrist	_____		_____	_____	
Hand	_____		_____	_____	
Back	_____		_____	_____	
Knee	_____		_____	_____	
Ankle	_____		_____	_____	
Foot	_____		_____	_____	
Other	_____		_____	_____	

Date of last Tetanus booster: \_\_\_\_\_

**This student is cleared for general physical education activities and after-school sports:** \_\_\_ Yes \_\_\_ No

If no, please explain:

\_\_\_\_\_

\_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_