

Calvert School

Founded 1897

105 Tuscany Road
Baltimore, Maryland 21210
410-243-6054 * FAX 410-243-0384

PHYSICAL EXAMINATION 2009-2010

Required annually for all students

Student Name: _____ Weight (lbs) _____ Height (in.) _____ B/P _____ Pulse _____

Use a (✓) in the left column for normal findings; (X) for abnormal; comments/explanations in the space at right for abnormal.

_____ General Appearance _____
_____ Head, eyes, ears, nose, throat _____
_____ Vision (glasses/contacts) _____
_____ Hearing (frequent ear infections/hearing loss) _____
_____ Respiratory (asthma?) _____
_____ Cardiovascular (heart murmur/defects) _____
_____ Gastrointestinal _____
_____ Genitourinary _____
_____ Spine (Screen for scoliosis/kyphosis) _____
_____ Extremities _____
_____ Metabolic/endocrine _____
_____ Neurological (seizures, migraines, dizzy spells, history of concussion) _____
_____ Menstrual cycle/cramps _____
_____ Weight change/concerns _____
_____ Emotional/behavioral/learning issues _____
_____ Significant illnesses, injuries, surgeries, or allergies _____
_____ Daily Medications _____
_____ Other _____

Are there any **physical** or **psychological** issues which may interfere with the student's performance at school?: _____
If so, please explain: _____

Epi Pen needed? _____ yes _____ no
If yes, please complete the Maryland State form and the Food Allergy Action Plan

Date of last tetanus booster: _____

IMMUNIZATIONS:

Students must comply with Maryland State Immunization requirements for school attendance and must have a Maryland Immunization Certificate on file.

Name of physician (please print) _____ **Date of physical exam** _____

Signature of physician/nurse practitioner _____ **Office Phone #** _____
(parent signature not valid)

Date (if different from date of exam): _____