

# RAMAPO CENTRAL PHYSICAL FORM

Name:		Date of Birth:    /    /
School:	Grade:	Teacher:

**Physical Examination:**  *All findings within normal limits*     **Abnormalities Noted:**

<b>Height:</b>	<b>Weight:</b>	<b>Scoliosis:</b> <input type="checkbox"/> <b>Neg</b> <input type="checkbox"/> <b>+ curve</b>
<b>BMI:</b>		<b>Tanner Stage:</b> 1 2 3 4 5
<b>Weight status category (BMI percentile)</b>		<b>Vision:</b> <input type="checkbox"/> <b>Normal Screen</b>
<input type="checkbox"/> <b>Less than 5<sup>th</sup></b> <input type="checkbox"/> <b>5<sup>th</sup> - 49<sup>th</sup></b> <input type="checkbox"/> <b>50<sup>th</sup> - 84<sup>th</sup></b>		<b>Hearing:</b> <input type="checkbox"/> <b>Normal Audio</b>
<input type="checkbox"/> <b>85<sup>th</sup> - 94<sup>th</sup></b> <input type="checkbox"/> <b>95<sup>th</sup> - 98<sup>th</sup></b> <input type="checkbox"/> <b>99<sup>th</sup> and above</b>		<b>Comments:</b>
<b>BP:</b>		
<b>Heart:</b>		
<b>Lungs:</b>		

**Immunizations:**     *Up to date, see attached form*                     *Delayed* \_\_\_\_\_

**Tuberculosis Testing:**    *No risk factors, mantoux not indicated*  
*Mantoux result:* \_\_\_\_\_

**Labs:**  
Hct/Hgb \_\_\_\_\_    Lead \_\_\_\_\_    U/A \_\_\_\_\_    Other: \_\_\_\_\_

**Meds:** \_\_\_\_\_    **Allergies:** \_\_\_\_\_  
*\* Separate Rx needed for all meds to be given in school including OTC*

**Health Assessment:**

   *Healthy patient; may participate in all activities including competitive sports*

   *Restrictions:* \_\_\_\_\_

\_\_\_\_\_  
Signature of Healthcare Provider

\_\_\_\_\_  
Date of Physical

Office Stamp