



**SAINT MARY'S ACADEMY**  
*TRADITIONAL CATHOLIC SCHOOLS OF THE SOCIETY OF ST. PIUS X*  
 200 EAST MISSION STREET SAINT MARYS, KANSAS 66536  
 PHONE 785-437-2471 • FAX 785-437-6597

## PHYSICAL EXAMINATION

**Parents, please complete top part of form**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_

Allergies: \_\_\_\_\_

Chronic medical conditions: \_\_\_\_\_

Current medications \_\_\_\_\_

### Physical Examination

**To be completed by licensed physician or nurse approved to perform health assessments.**

Height \_\_\_\_\_ Weight \_\_\_\_\_

Nutritional Status \_\_\_\_\_

Part Examined or Evaluated	√ if normal	Abnormal/atypical findings (describe)
Head		
EENT		
Teeth		
Heart		
Lungs		
Abdomen		
Genitourinary		
GYN		
Skeletal		
Neurological		
Vision Screening		
Hearing Screening		

This child is cleared for all activities associated with school.

- Yes           
  Yes, with restrictions/limitations           
  Not cleared

Please describe below any restrictions, limitations, or reasons for "Not cleared" status

\_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Licensed Physician or Nurse approved to perform health assessments*