



Saint Catherine School  
 2515 West 46<sup>th</sup> Street  
 Tulsa, Oklahoma 74107-6629  
 (918) 446-9756

PHYSICAL EXAMINATION - GRADE \_\_\_\_\_

All students must have a current health/physical examination by a qualified physician within six (6) months prior to the entrance of a child into **grades 1, 3, 5, 7 AND any student participating in sports**. This form must be on file in the school office prior to the first day of school. In the case of transfer students, a physical examination within thirty (30) days will be required upon admission.

**TO BE COMPLETED BY PARENT OR GUARDIAN**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Sports \_\_\_\_\_  
 Medications \_\_\_\_\_  
 Injuries \_\_\_\_\_  
 Surgeries \_\_\_\_\_ Allergies \_\_\_\_\_  
 Glasses or Contacts \_\_\_\_\_ Oral Plates or Braces \_\_\_\_\_ Absent teeth \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN**

Height	Weight	Blood Pressure	Pulse
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Nutrition / General Appearance / Emotional Adjustment \_\_\_\_\_

Explain any abnormalities in Limitations section below

	N	Ab	NE
<b>Head and Neuro</b>			
Skin			
Cranial NS			
<b>Eyes</b>			
Pupils			
EOMs			
Fundus			
Vision			
<b>Ears</b>			
Canal			
Tympanic Membrane			
Hearing			
<b>Nose</b>			
<b>Mouth and Throat</b>			
Caries			
Pharynx			
<b>Neck</b>			
Pulses			
Thyroid			
Nodes			

	N	Ab	NE
<b>Lungs</b>			
Breath Sounds			
<b>Heart</b>			
Rhythm			
Murmur			
<b>Abdomen</b>			
Liver / Spleen			
Masses			
Hernia			
<b>Genitalia</b>			
Masses			
Discharge			
<b>Orthopedic</b>			
Neck			
T/L/S			
Shoulders			
Elbows			
Wrists			
Ankles			
Knees			

N=Normal, Ab=Abnormal, NE=Not Examined

Limitations / Special Conditions / Comments: \_\_\_\_\_  
 \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_