



RAVENSCROFT
7409 Falls of Neuse Road
Raleigh, NC 27615

PHYSICAL EXAMINATION FORM

NOTE TO PHYSICIAN: Ravenscroft requires a completed Physical Examination Form for all entering Pre-Kindergarten and Kindergarten students, all new students, and students re-enrolling in Grades 7 & 9. All participants in the athletic program must have a physical which will be good for all athletic activities for 13 months from the date of the exam.

IMMUNIZATION RECORD: Please print and attach to this form if required.

TO BE COMPLETED BY PARENTS

Child's Name _____ D.O.B. _____ Age: _____ Entering Grade: _____

Parent/Guardian Completing Form: _____

Does your child plan to participate in athletics? Yes No School Year: _____

TO BE COMPLETED BY PHYSICIAN

CHILD'S MEDICAL HISTORY

Does the child have any drug allergies? Yes No

If yes, please specify _____

Other Allergies: _____

To your knowledge, has this child been treated for, or does this child have, any emotional or psychological problems?

Yes No If yes, please explain: _____

Does the child have disorders such as Diabetes, Epilepsy, Heart Disease or past serious injuries or surgeries?

Yes No If yes, please explain: _____

PHYSICAL EXAMINATION

Weight: _____ Height: _____ B.P.: _____ Pulse: _____ Hearing: Rt: _____ Lt: _____

Vision Rt: _____ Lt: _____ Heart: _____ Lungs: _____ Abdomen: _____ Hernia: _____

Posture: _____ Urinalysis: _____ Hgb. OR Hct: _____ Disabilities: _____

Limitations: _____

Tuberculin Test (if indicated): _____ If Positive, X-Ray with date and results: _____

PHYSICAL EDUCATION & ATHLETIC ACTIVITY

Is this child able to participate in Physical Education? Yes No

If no, please explain: _____

May this child participate in all athletics? Yes No If no, which sports should be omitted? (circle below)

Baseball Basketball Cheerleading Cross Country Field Hockey Football Golf Lacrosse Soccer Softball Swimming
Tennis Track & Field Volleyball Wrestling

Physician's Name (Print): _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Physician's Signature: _____ Date of Exam: _____