



EANES INDEPENDENT SCHOOL DISTRICT
PHYSICIAN'S REPORT FOR NEW STUDENTS
(NOT FOR UIL ACTIVITY)



Name: _____ Grade: _____ Sex: _____ Birthdate: _____

Height: _____ IN. / _____ %tile.

Vital Signs:

Weight: _____ LBS. / _____ % tile.

Pulse _____ Resp _____ B/P _____

PHYSICAL EXAM	Normal	Abnormal	Other	Describe Abnormal Findings and any Curriculum Adjustments Necessary
<u>Allergies (Drug, Food or Environmental)</u>				If at risk for Anaphylaxis, Allergy Emergency Action Plan is REQUIRED See EISD website for form.
<u>General Appearance, Posture, Gait</u>				
<u>Nutrition</u>				
<u>Skin</u>				
<u>Eyes: External/Optic Fund:</u>				
<u>Ears: External and Canais</u>				
<u>Tympanic Membranes</u>				
<u>Nose, Mouth Pharynx</u>				
<u>Teeth/ Gums</u>				
<u>Heart</u>				
<u>Thyroid</u>				
<u>Lungs</u>				
<u>Abdomen (including Hernias)</u>				
<u>Genitalia</u>				
<u>Bones, Joints, Muscles</u>				
<u>Nervous System</u>				
<u>Pertinent Health History:</u>				

INDICATED: Vision: R 20/ ____ L 20/ ____	Hearing: R _____ L _____	Lab: CBC _____ UA _____
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_____ THIS CHILD IS PHYSICALLY FIT TO ENGAGE IN COMPETITIVE SPORTS.

_____ THIS CHILD IS PHYSICALLY ABLE TO PARTICIPATE IN A NORMAL SCHOOL PROGRAM INCLUDING PHYSICAL EDUCATION.

_____ THIS CHILD REQUIRES MODIFICATION OF THE NORMAL SCHOOL PROGRAM AS NOTED.

DATE _____ *PHYSICIAN'S SIGNATURE* _____

PHYSICIAN NAME PRINTED OR STAMPED _____