

DENVER COMMUNITY SCHOOL DISTRICT
Student Medical Exam

Child's Name _____ Sex _____ Birthdate _____

Parent's Name _____ Grade _____

Physical Examination:

Height _____ Weight _____ Blood Pressure _____

General Appearance _____ Heart _____

Skeletal Development _____ Chest and Lungs _____

Skin _____ Abdomen _____

Nose/Sinuses _____ Extremities _____

Eyes and Ears _____ Genitalia _____

Mouth and Throat _____ Reflexes _____

Thyroid _____ Coordination _____

Other _____ Scoliosis _____

Diagnostic Procedures:

Urinalysis: Sp Gr _____ Albumin _____ Sugar _____

Hbg _____ (if indicated) Micro urine _____ (if indicated)

Immunizations received at time of exam: _____

Conditions that would affect school performance: _____

Comments and/or recommendations: _____

Physician's signature date

- copy 1 - physician
- copy 2 - school
- copy 3 - student