



GRANT PARISH SCHOOL BOARD

PHYSICAL EXAMINATION FORM (TO BE COMPLETED BY PHYSICIAN)

Name _____

Date _____

Job Title _____

Height	_____
Weight	_____
Blood Pressure	____/____
Smoking Status	Y N
Hearing Impairment	Y N
Vision Impairment	Y N

Physical

Check (✓) under N if Normal or AB if Abnormal.

General Appearance	___N ___AB	Mouth/throat	___N ___AB
Skin	___N ___AB	Gait	___N ___AB
Eyes	___N ___AB	Lungs/chest	___N ___AB
Ears	___N ___AB	Cardiovascular	___N ___AB
Extremities/joints	___N ___AB	Abdomen	___N ___AB
Nose	___N ___AB	Hernia	___N ___AB
Back/spine	___N ___AB	Neurological system including reflexes	___N ___AB

Discuss any abnormal answers in detail in the space below.

Medical Assessment

Recommended for placement without restrictions: _____

Recommended for placement with the following restriction(s)/limitations: _____

Recommended placement be deferred. Re-evaluate: _____

Not recommended for placement. _____

DATE

PROVIDER'S SIGNATURE