VILLANOVA PREPARATORY SCHOOL

REPORT OF MEDICAL EXAMINATION

Student's Name: _____

Grade in 2019-2020:_____

Date of Birth: _____ (Month/Day/Year)

To be completed by Physician:

Family Physician: _____ Physician Phone: _____ _____

Results of Examination:

Height:_____ Weight:_____ Pulse: _____ Blood Pressure: ____/____(____/____,____/____)

Vision: R 20/_____ L20/_____ Corrected: Y / N Pupils: Equal _____ Unequal _____

	NORMAL	ABNORMAL FINDINGS	INITIALS
MEDICAL Nose Mouth Teeth Pharynx Allergy Lungs Abdomen Genitourinary Hernia Orthopedic Posture Heart/Circulatory Congenital General Appearance			
MUSCULOSKELETAL Neck Back Shoulder/Arm Elbow/Forearm Wrist/Hand/Fingers Hip/Thigh Knee Leg/Ankle Foot/Toes			

Recommendations pertaining to physical education:

☐ Full Activity ☐ Modified Activity ☐ No Activity

Clearance for Interscholastic athletics:

☐ May participate ☐ May not participate

New International Students Only:

	Type*	Date Given	Date Read	mm indur	Impression	CHEST X-RAY (Necessary if skin test positive)
TB SKIN TESTS	☐ PPD – Mantoux ☐ Other				☐ Pos ☐ Neg	Film Date: _____ Impression: ☐ normal ☐ abnormal
	☐ PPD – Mantoux ☐ Other				☐ Pos ☐ Neg	Person is free of communicable tuberculosis: ☐ yes ☐ no
	*If required for school entry, must be Mantoux unless exception granted by local health department.					

I certify that I have reviewed this health form and that the student has undergone a physical examination pertaining to disqualifying abnormalities of general physical qualifications, respiratory system, cardiovascular system, gastrointestinal system, musculoskeletal system and genitourinary system has been performed.

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____