

GREEN MOUNTAIN UNION HIGH SCHOOL
CHESTER, VT 05143
802-875-2146

PHYSICAL EXAMINATION FORM

physical examination is required every two years

(To be completed by examining physician)

Student _____ Date of Birth _____

Height _____ Weight _____ Blood Pressure _____

Heart _____

Lungs _____

Muscular-Skeletal:

1. Upper Extremities _____

2. Lower Extremities _____

3. Spine _____

Hernia _____

Details of any other areas of concern: _____

General condition:

Fitness to participate: All sports

Reservations if any

Immunizations given:

Tdap _____ Varicella _____

Meningococcal _____

Signature of Examining Physician

Date

Printed Name of Physician

Phone Number