

the King's School

P.O. Box 300, Lake Luzerne, NY 12846 ~ Office 518-654-6230 ~ Fax 518-654-7310

SCHOOL PHYSICAL EXAM FORM

*Required for all students entering P-K, K, 2, 4, 7 & 10 as well as all new students enrolling into The King's School.
The school physical exam form can also be used as an athletic physical.*

Name _____ Date of Exam _____

Date of Birth _____

Grade _____

Allergies: ___LIFE THREATENING ___ Seasonal

Current Medical Conditions _____

Current Medications _____

PHYSICAL EXAM

_____ Height	_____ Weight	_____ BMI	_____ Eyes	_____ Ears
_____ Lymph Nodes	_____ Thyroid	_____ BP	_____ Nose	_____ Tonsils
_____ Teeth	_____ Heart		_____ Lungs	_____ Hernia
_____ Genitourinary	_____ Musculo-skeletal		_____ Feet	_____ Skin
_____ Epilepsy	_____ Nervous System		_____ Speech	_____ Nutrition

Is this student able to participate in regular physical education classes? _____ Yes _____ No

IMMUNIZATIONS ~ Please attach current immunization record.

Physician's Signature

Date _____

Name of Practice _____

Phone # _____

Fax # _____

Physician's Stamp if Possible

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