BEACON ACADEMY

PHYSICAL EXAMINATION RECORD

(Portions of this form may be omitted at the physician's discretion)

NAME_____ NAME_____
Last Fist Middle Parents or Guardians

Birth Date_____ Address_____

Age_____ Gender_____ Grade____ _____

Date_____ Telephone_____

Student Check This Section:

General Health

Excellent	
High Average	
Low Average	
Poor	

Family History (Immediate)

Diabetes	
Epilepsy	
Heart	
Nervous Breakdown	
Tuberculosis	
Other	

IMMUNIZATIONS

The PERMANENT TENNESSEE CERTIFICATE OF IMMUNIZATION is required of all new students and is DUE AT REGISTRATION.

For the required immunizations list for Tennessee schools see www.TN.GOV under the Department of Health link.

Personal History

Pleurisy	
Pneumonia	
Tuberculosis	
Whooping Cough	
Typhoid	
Diphtheria	
Measles	
Mumps	
Malaria	
Polio	
Diabetes	
Headaches	
Constipation	
Nervous	
Orthopedic	
Joint, swollen and painful	
Rheumatic Fever	
Accident	
Surgery	
Allergy	
Asthma	
Hay Fever	
Sinusitis	
Colds, Frequent	
Influenza	
Injury	

Circle 1 if normal: 2 if slight concern:
3 if condition needs attention

Nutrition

Height

In inches

Weight

Actual 1 2 3

Standard 1 2 3

Underweight lbs 1 2 3

Overweight lbs 1 2 3

Hearing

Right 1 2 3

Left 1 2 3

Vision Right 20/20 / /

Left 20/20 / /

Glasses Right 20/20 / /

Left 20/20 / /

Color Vision

LAB, BLOOD PRESSURE, & TEMPERATURE

Temperature:_____ 1 2 3

Blood Pressure:_____ 1 2 3

Hemoglobin:_____ 1 2 3

Urinalysis:_____ 1 2 3

PHYSICIAN'S RECORD

Circle 1 if normal: 2 if slight concern: 3 if condition needs attention

MOUTH		1	2	3
	Breath			
	Lips			
	Membrane			
	Tongue			
	Post nasal discharge			
TEETH		1	2	3
	Cavities			
	Fillings			
	Diseased gums			
TONSILS		1	2	3
	Absent			
	Enlarged			
	Inflamed			
NOSE		1	2	3
	Discharge			
	Obstruction			
	Inflammation			
	Sinusitis			
EYES		1	2	3
	Lids			
	Strabismus			
	Diseased			
	Conjunctiva			
EARS		1	2	3
	Was			
	Discharge			
	Canal			
	Drum			
	Mastoid			
BLOOD PRESSURE/ HEART		1	2	3
	Enlarged			
	Irregularities			
	Murmurs			

LUNGS		1	2	3
	Expansion			
	Rales			
ORTHOPEDICS		1	2	3
	Joints; swollen painful			
	Spine: Lordosis			
	Spine: Kyphosis			
	Spine: Scoliosis			
REFLEXES		1	2	3
	Absent			
	Sluggish			
	Exaggerated			
ABDOMEN		1	2	3
	Scar			
	Ptosis			
	Hernia			
	Organs, palpable			
	Tender, where			
SKIN		1	2	3
	Eruption			
	Disease			
	Hair			
	Nails			

RECOMMENDATIONS

Physical Education:

Unlimited_____ Limited_____ No PE until_____

Severe Allergies includes:_____

_____

Treat allergic reactions with:_____

Physician Information:

_____

Physician's Signature

Date:_____

Physician's Name:_____

Print

Phone:_____