

COLORADO SPRINGS SCHOOL DISTRICT ELEVEN  
DEPARTMENT OF SPECIAL EDUCATION/SCHOOL NURSING  
**PHYSICAL EXAMINATION FORM**  
Approved Physical Examination Form for El Paso County

To be used by physicians for school, nurseries, day and child care, camp programs, and other activities. In order for the child's school or special programs to be adjusted to his physical condition, it is necessary for the school or program to have a report of his health examination.

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NAME \_\_\_\_\_ AGE \_\_\_\_\_ SCHOOL OR ACTIVITY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PARENT'S NAME \_\_\_\_\_  
Physical Findings:  
Skin \_\_\_\_\_ Significant illnesses, accidents, allergies  
Eyes \_\_\_\_\_ operation, congenital, family history, etc.  
Ears \_\_\_\_\_  
Nose \_\_\_\_\_  
Throat \_\_\_\_\_  
Glands \_\_\_\_\_  
Heart \_\_\_\_\_ Can you determine any indication of learning  
Lungs \_\_\_\_\_ disabilities?  
Abdomen \_\_\_\_\_  
Extremities \_\_\_\_\_  
Genitalia \_\_\_\_\_  
Vision R \_\_\_\_\_ L \_\_\_\_\_  
Hearing R \_\_\_\_\_ L \_\_\_\_\_ Specific medical recommendations:  
Blood Pressure \_\_\_\_\_  
Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Back Observations \_\_\_\_\_  
Scoliosis Check \_\_\_\_\_ Date of Examination \_\_\_\_\_  
Other \_\_\_\_\_

\_\_\_\_\_  
Examining Physician

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**PHYSICAL EXAMINATION FORM** - (To be used by physician to indicate that a prospective athlete has completed an adequate physical examination.)

NAME OF ATHLETE \_\_\_\_\_ DATE \_\_\_\_\_

I certify that I have on this date examined this student and found him or her physically able to compete in supervised activities listed below. (cross out with ink those sports in which he/she should not participate.)

**BASEBALL - BASKETBALL - CROSS COUNTRY - FOOTBALL - GOLF - GYMNASIIC - HOCKEY - SOCCER - SWIMMING - TENNIS - TRACK - VOLLEYBALL - WRESTLING**

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Examining Physician