

# Physical Examination Report

(Exam must be completed and signed by the physician and all information must be from within the past 12 months)

Date of Exam: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ BMI: \_\_\_\_\_

Vision Test: RT / LT / Both / Hearing Test: RT \_\_\_\_\_ LT \_\_\_\_\_

| Physical Exam       | Normal | Abnormal – comments/recommended follow-up |
|---------------------|--------|---|
| Eyes                |        |   |
| Ears, Nose & Throat |        |   |
| Teeth/Gums          |        |   |
| Skin                |        |   |
| Cardiovascular      |        |   |
| Respiratory         |        |   |
| Abdomen             |        |   |
| Muscular Skeletal   |        |   |
| Genitalia           |        |   |
| Mental/Behavioral   |        |   |

Medical Conditions, complications, prescribed medications, comments, limitations, recommended follow-up (add additional pages as needed)

**Please check appropriate box below for this child**

- I have examined the above mentioned child and found the child to be in good general health and capable of **full** participation in either an Early Childhood, Elementary, Middle, or Secondary Education program.
- I have examined the above mentioned child and found that due to a physical condition, the child is capable of participation in either an Early Childhood, Elementary, Middle, or Secondary Education program with **some limitations**.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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