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Health Examination Form

This section is to be filled out by parent or legal guardian.

Name	Date of Exam:
Address	Physical Findings:
Grade	HT: _____ WT: _____
Gender M F	B/P: _____ / _____ Pulse: _____
School	Vision: Snellen Test: _____ / _____
Date of Birth	Cover Test:
Parent/Guardian	Hearing: Pass Fail
Home Phone	ENT: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Work Phone	Respiratory: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Health History:	Cardiac: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Has your child ever had any of the following?	Abdomen: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Asthma	Hernia: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Epilepsy	Lymph Nodes: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Diabetes	Neurologic: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Other	Genitalia: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Surgery	Scoliosis: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Injury: Head _____	RECOMMENDATIONS FOR SCHOOL:
Neck/Back _____	Special Seating Recommended:
Shoulder/Arm/Hand _____	Medical Treatment At School:
Hip/Leg/Foot _____	ORTHOPEDIC EXAM: (for sports participation)
Other _____	ROM
Medications:	Back
Allergies:	Neck/Shoulders
	Upper Extremities
	Lower Extremities
	Other:
Medical History:	RECOMMENDATION FOR SPORTS:
Is the child under care at this time? _____	Full unlimited participation: ()
Explain:	Limited participation: ()
	Clearance withheld until: _____

Immunizations: Give all dates or **See attached.**

DTP	_____	_____	_____
DTP	_____	dT	_____
Polio	_____	_____	_____
HIB	_____	_____	_____
MMR	_____	_____	Rubeola _____
HBV	_____	_____	_____
HAV	_____	_____	_____
Prevnar	_____	_____	_____
TB/PPD	_____	Varivax	_____
Menactra	_____	_____	_____

/ /	
Signature of Examiner	Date

Parent/Guardian Permission: I hereby give my consent for my child to participate in interscholastic or camp activities, except for those stated on the form by the examiner.

Signature of Parent/Guardian _____ Date _____ / _____ / _____