



10219 Ella Lee Lane, Houston, Texas 77042
713-782-4421 | www.graceschool.org

Physical Exam Form (PreK 4 - Eighth Grade)

Due annually on or before the date of last exam. Each required section should be completed and a U.S. physician must sign and date this form.

Student's Last Name _____ Student's First Name ☐ Male ☐ Female Date of Birth (mm/dd/year) _____ Grade 2023-24 _____

TO BE COMPLETED BY PHYSICIAN

Date of Last Exam _____
(Within the past 12 months)

Physical Examination (Required for ALL STUDENTS each year.)

Current Height _____ Current Weight _____ Blood Pressure _____ Respiratory Rate _____ Pulse _____

Spinal Screening (State Required for 5th & 7th grade girls and 8th grade boys.)

Passed _____ Failed _____ Follow-up _____ Referred _____

Signature of Screener _____ Date _____

Vision Screening (Required for KG, 1st, 3rd, 5th, and 7th grade)

Right Eye 20/ _____ Left Eye 20/ _____ Passed _____ Failed _____ Follow-up _____

Signature of Screener _____ Date _____

Hearing Screening (Required for KG, 1st, 3rd, 5th, and 7th grade)

Right Ear: Passed _____ Failed _____ Follow-up _____ Referred _____

Left Ear: Passed _____ Failed _____ Follow-up _____ Referred _____

Signature of Screener _____ Date _____

Diabetes Screening (Type 2/Visual Neck Screening) (Required for 1st, 3rd, 5th, 7th grade.)

Passed _____ Failed _____ Blood Pressure _____ BMI _____ Follow-up _____ Referred _____

Signature of Screener _____ Date _____

EpiPen®: ☐ Yes ☐ No **Allergy plan must be completed by Physician or Allergy Specialist.** **Inhaler:** ☐ Yes ☐ No **Asthma plan must be completed by Physician.**

IMMUNIZATION REQUIREMENTS FOR ALL STUDENTS

New Students

Attach a current copy of all your child's immunization record to this form.

Returning Students

You must submit updated immunization records with each new vaccine obtained.

Physicals must be turned in on Grace School Physical Exam Form, or through a copy of MyChart physical.

PHYSICIAN STATEMENT

I certify that on this date I have examined the above mentioned student and find that he/she is in good health, is free of contagious disease and is up-to-date on all immunizations required by the State of Texas, and is physically able to participate in supervised physical activities and/or join an athletic team.

List any exceptions _____

Physician Signature _____ Date _____