



Cedar Falls Community School District – Physical Exam form*

(*Note* - this form is NOT acceptable as a Sports/Activities Physical form; a separate Iowa Athletic Pre-Participation Physical Exam form is required)

Name (Last, First, MI): _____

Street Address: _____ City, State, Zip: _____

Phone: () _____ DOB: / / _____ Gender (circle one): M / F _____ Grade: _____ Exam Date: _____

X = normal (or describe impairment)

History of serious illness: _____

Injuries and/or surgeries: _____

Allergies: _____

Eyes: _____ Ears: _____ Nose: _____

Throat: _____ Lungs: _____ Heart: _____

Abdomen: _____ Hernia: _____ Genitalia: _____

Neurological: _____ Orthopedic: _____ Scoliosis: YES NO

Urinalysis: _____ HGB: _____ Blood Pressure: _____ Height: _____ Weight: _____

Heart Rate: Before Exercise: _____ Heart Rate: After Exercise: _____

General Physical Condition (circle one): EXCELLENT GOOD FAIR BELOW AVERAGE

Referral recommended? (ENT, Eye, Orthopedic, etc.) YES NO If yes, explain: _____

Physician's recommendation: _____

(Immunizations: See IRIS form updated and attached)

I hereby certify that _____ was examined by me and found physically fit to engage in all physical education classes, extra murals, and school athletics. YES NO

Restriction(s): _____

Duration: _____ Reason for restriction(s): _____

Specific activities not allowed: _____

Physician's Signature: _____ Date: _____