

GREEN MOUNTAIN UNION HIGH SCHOOL

716 Route 103S

CHESTER, VT 05143

802-875-2146

PHYSICAL EXAMINATION & WELL EXAM FORM

physical examination is required every two years
(This form needs to be completed by the examining physician)

Student _____ Date of Birth _____ Age _____

Height _____ Weight _____ Blood Pressure _____ Grade _____

Heart _____

Lungs _____

Muscular-Skeletal:

1. Upper Extremities _____

2. Lower Extremities _____

3. Spine _____

Hernia _____

Details of any other areas of concern: _____

This Athlete is:

Cleared without restriction

Cleared, with restrictions:

Not cleared for: All sports Certain sports: _____

Reason: _____

Well Exam using ICD-9-CM code:

99383 or 99393
5 - 11 years

99385 or 99395
12 - 17 years

99384 or 99394
18 - 39 years

Immunizations given on date of:

Tdap _____ Varicella _____ Meningococcal _____

Signature of Examining Physician

Date of Exam

Printed Name of Physician

Phone Number