



Blue Mountain Academy

Physical Examination Form

(To be completed by a Health Care Provider)

Pennsylvania Law requires a physical (scheduled no more than 4 months prior to the student's first day of school) for initial admission and for all 11th grade students.

Return this form to: Blue Mountain Academy, Health Services, 2363 Mountain Road, Hamburg, PA 19526.

Student's Name (Print Or Type)	Social Security #	Date of Birth	Grade
Home Address		Phone ()	
Street Address	City	State	Zip

Date of Exam: _____ **Allergies:** _____

Significant Illness, Accidents, Operations, Congenital Defects, Family History, Etc.:

WEIGHT:	RESP:	HEART AP (REST):	VISION: RIGHT:	LEFT:
HEIGHT:	B/P (SITTING):	HEART (JOGGING):	HEARING: RIGHT:	LEFT:
PULSE:	B/P (STANDING):	RHYTHM:		

PHYSICAL	NORMAL	ABNORMAL	FOLLOW-UP/COMMENTS
SKIN			
EYES			
EARS			
NOSE			
THROAT			
MOUTH			
CARDIOVASCULAR			
RESPIRATORY			
GLANDS			
GASTROINTESTINAL			
GENITOURINARY			
NEUROLOGICAL			
MUSCULAR SKELETAL			
SCOLIOSIS SCREENING			
NUTRITIONAL STATUS			
MENTAL STATUS			

I certify that I have examined this student on (date)_____. On the basis of this examination, I have found no reason that would make it medically inadvisable for this student to participate in supervised athletic activities.

Physician's Signature: _____ Print Name: _____

Physician's Address: _____

Physician's Telephone: _____