



**PHYSICAL EXAMINATION FORM
BUS MONITOR**

Name (Last, First, Middle): _____

Complete Address: _____

SSN: _____ DOB: _____ Age: _____ Phone: _____

I hereby consent to the following physical examination required by Rockwood School District.

Signature of Bus Monitor

Date

Health History (To be completed by examining physician)

Yes	No		Yes	No		Yes	No	
		Head/Brain injuries, disorders/illnesses			Lung disease, emphysema, asthma, chronic bronchitis			Sleep disorders of any type
		Seizures, epilepsy			Shortness of breath			Fainting/dizziness
		Eye disorders/impaired vision (not corrective lens)			Diabetes, elevated blood sugar			Missing/impaired limbs/digits
		High blood pressure			Liver disease			Stroke/paralysis
		Heart disease/attack, other cardiovascular condition			Nervous/psychiatric disorders			Regular/frequent alcohol use
		Heart surgery			Kidney disease, dialysis			Chronic low back pain
		Ear disorders, loss of hearing/balance			Loss of/changed consciousness			Narcotic/habit-forming drug use
		Muscular disease			Digestive problems			Spinal injury/disease

If a "Yes" box is checked, please give additional information. Also list medications taken.

General Appearance/Development

Good Fair Poor Height Weight

Vision Corrected _____ Can distinguish colors? Yes No Field of Vision _____

Right _____
Left _____
Both _____

Hearing Hearing Aid? Yes No Distance at which individual can hear forced whisper Right _____ Left _____

Blood Pressure Systolic Diastolic Pulse Regular Irregular

Laboratory and other test findings Sugar Protein Specific Gravity Blood

No Problem/Problem	NP	P		NP	P		NP	P
General Appearance			Eyes			Ears		
Mouth/Throat			Heart			Lungs/Chest		
Abdomen/Viscera			Vascular System			Genitourinary Tract		
Extremities			Spine/Musculoskeletal			Neurological		

Comments _____

General Physical Examination Findings Satisfactory Unsatisfactory

Medical Examiner Information:

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____