



The Fulton School

FOUNDED 1987

Medical Evaluation

Immunization records and medical insurance cards are required for the student file.

This form must be completed and signed by your physician.

Exams by a physician are mandatory for all new students and student athletes.

Exams are required for returning students every other year.

Completed evaluations may be faxed to Fulton at 972-772-9558.

Student's Full Name _____
Last First MI

D.O.B. _____ Grade _____ Height _____ Weight _____ BP _____

Hearing	1000hz	2000hz	4000hz
@25db	_____	_____	_____

Vision	R-20/ _____	L-20/ _____
w/correction	Yes ___	No ___
Type	_____	

	Normal	Abnormal
HEENT	_____	_____
Cardiovascular	_____	_____
Chest, Back, Abdomen	_____	_____
Lungs	_____	_____
GU	_____	_____
Musculoskeletal	_____	_____
Neuro	_____	_____

Medication _____

Allergies _____

Previous injury, illness, surgeries _____

Student is able to participate in physical educational activities: Yes No

If no, please name restrictions: _____

Student is able to participate in all team sports activities: Yes No

Physician's signature: _____ Date: _____