

PHYSICAL EXAMINATION

Reason for examination:

Date:

Name:

School:

Grade:

Height:

Weight:

B/P:

P:

General appearance (body build, nutritional status, behavior, etc.):

I. Check if abnormal and write description in column II

II. Description of abnormal findings

1. Gait

2. Skin and scalp

3. Eyes

4. Ears

5. Nose

6. Mouth, teeth

7. Pharynx, tonsils

8. Neck, thyroid

9. Lymph glands

10. Thorax, lungs

11. Heart

12. Abdomen

13. Genitalia

14. Extremities

15. Back

16. Neuromuscular system

VISION

	Uncorrected	Corrected
RIGHT		
LEFT		

Assessment: O.K. for all sports _____

HEARING (if indicated)

RIGHT LEFT

Plan:

HEMOGLOBIN (if indicated)

URINALYSIS (if indicated)

IMMUNIZATIONS

Check if up-to-date ____

Needs:

Date _____
(examining physician or practitioner)

Address: _____

Arlington, VA _____

Phone: _____

RETURN THIS FORM TO THE SCHOOL NURSE

Fill in both sides.....