

Phone

Student Health Examination Form

PHYSICAL EXAMINA	ATION FOR			DATE OF EXAMINATION:			
			RIGHT:	LEFT:	RIGHT:	LEFT:	
leight Weight		Pulse	Vision		Hearing		
Physical	Normal	Abnormal	Follow Up / Comments				
Skin							
Abdomen							
Eyes							
Hernia							
Ears							
Mouth							
Heart							
Lungs							
Glands							
Extremities							
Nose and Throat							
Genitourinary							
Gastrointestinal							
Neurological							
Muscular Skeletal							
Nutritional Status							
Mental Status							
PECIFIC MEDICAL	RECOMME	NDATIONS '	TO SCHOOL FO	R ACADEMIC	& ACTIVITY PR	OGRAMS	
I certify that I have ex medically inadvisabl						nat would make it	
nysician's Printed Name		P	hysician's Signature			Date	
ddress			City	/	State	e Zip	
1							

Date