



**Physical Examination Form**  
*(To be completed by a physician)*

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_

N=Normal Please indicate defects.

- \_\_\_ Abdomen \_\_\_\_\_
- \_\_\_ Ears \_\_\_\_\_
- \_\_\_ Eyes \_\_\_\_\_
- \_\_\_ Extremities \_\_\_\_\_
- \_\_\_ Feet \_\_\_\_\_
- \_\_\_ Heart \_\_\_\_\_
- \_\_\_ Hernia \_\_\_\_\_
- \_\_\_ Genitals \_\_\_\_\_
- \_\_\_ Lungs \_\_\_\_\_
- \_\_\_ Nervous System \_\_\_\_\_
- \_\_\_ Nose \_\_\_\_\_
- \_\_\_ Posture \_\_\_\_\_
- \_\_\_ Skin \_\_\_\_\_
- \_\_\_ Thyroid \_\_\_\_\_
- \_\_\_ Tonsils \_\_\_\_\_
- \_\_\_ Adenoids \_\_\_\_\_
- \_\_\_ Other Glands \_\_\_\_\_

Is the child presently taking medication? \_\_\_\_\_  
\_\_\_\_\_

General Condition  Good  Fair  Poor

*"I certify that I have on this date examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which make it medically inadvisable for this student to partake in regular, supervised school activities including physical education and extracurricular sports such as soccer, basketball, track and/or softball."*

Date of Examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_