

GLoucester City Board of Education

Gloucester City, New Jersey

PHYSICAL EXAMINATION FORM

A complete physical examination is required for all students upon enrollment in school.

Name: _____ Age: _____ Date of Birth: _____

Height: _____ Weight: _____ Blood Pressure: _____

HEENT: _____ Cardiovascular: _____

Respiratory: _____ Gastrointestinal: _____

Genitourinary: _____ Musculoskeletal: _____

Neurological: _____ Integumentary: _____

Auditory Acuity: _____ Visual Acuity: _____

Dental Screening: _____ Scoliosis Screening: _____

Allergies / Sensitivities: _____

Behavioral Issues / Mental Health Diagnosis: _____

Chronic Medical Conditions: _____

Current Medications: _____

Dietary Concerns: _____

Immunizations given at this visit: _____

Past Medical / Surgical History: _____

Other: _____

Able to participate in physical education classes? _____ Yes _____ No

List any restrictions and duration: _____

Name of Health Care Provider (print): _____

Signature: _____

Date: _____