

VOORHEES TOWNSHIP SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM
(To be completed by physician)

Name of Child _____ Date of Birth _____

IMMUNIZATIONS: Please attach a copy of immunization record to this form.

MEDICAL HISTORY

Allergies _____	Diabetes _____
Asthma _____	Kidney Disorders _____
Cardiac Disorders _____	Neuromuscular Disorders _____
Convulsive Disorders _____	Congenital Defects _____

Surgeries or injuries: _____

Any other significant medical or emotional issues: _____

EXAMINATION:

Height _____ Weight _____ ☐ Male ☐ Female

BP / (/) Pulse _____ Vision R 20/ L 20/ Corrected ☐ Yes ☐ No Hearing _____

MEDICAL	NORMAL	ABNORMAL FINDINGS
Ears/Eyes/Nose/Throat		
Teeth		
Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitourinary		
Skin		
Posture		
Nervous System		
Nutrition		
Speech		

General appearance _____

Does this child regularly take medication? _____

Cleared for all school activities (including physical education) ☐ Yes ☐ No

If no, reason/restrictions _____

Comments or recommendations _____

_____ Doctor's Name (printed)	_____ Doctor's Signature	_____ Date of Exam	_____ Office Stamp	_____ Phone Number
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