VOORHEES TOWNSHIP SCHOOL DISTRICT PHYSICAL EXAMINATION FORM

(To be completed by physician)

Allergies Diabetes Kidney Disorders Congenital Defects Congenita	Name of Child		Date of Birth	
Allergies	IMMUNIZATIONS: Please a	ttach a copy of imn	nunization record to this form.	
Asthma Kidney Disorders Cardiac Disorders Neuromuscular Disorders Convulsive Disorders Congenital Defects Congenital Defect	MEDICAL HISTORY			
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)	Allergies Asthma Cardiac Disorders Convulsive Disorders		Kidney Disorders Neuromuscular Disorders	
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	Surgeries or injuries:			
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		ional issues:		
Height Weight Male	any other significant medical of emot	ionar issues.		
Height Weight Male				
Height Weight Male	EXAMINATION:			
MEDICAL NORMAL ABNORMAL FINDINGS Ears/Eyes/Nose/Throat Teeth Glands Heart Lungs Abdomen Hernia Genitourinary Sikin Posture Nervous System Nutrition Speech General appearance Does this child regularly take medication? Cleared for all school activities (including physical education)		⁷ eight		
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)	BP / (/) Pulse	Vision R 20/	L 20/ Corrected □ Yes □ No Hear	ing
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)		NORMAL	ABNORMAL FINDINGS	
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)	•			
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)				
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) If no, reason/restrictions Comments or recommendations				
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) If no, reason/restrictions Comments or recommendations				
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				
Genitourinary Skin Posture Nervous System Nutrition Speech General appearance Does this child regularly take medication? Cleared for all school activities (including physical education)				
Skin Posture Nervous System Nutrition Speech General appearance Does this child regularly take medication? Cleared for all school activities (including physical education) If no, reason/restrictions Comments or recommendations				
Posture Nervous System Nutrition Speech General appearance Does this child regularly take medication? Cleared for all school activities (including physical education)				
Nervous System Nutrition Speech General appearance Does this child regularly take medication? Cleared for all school activities (including physical education)				
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				
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				
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	Speech			
Does this child regularly take medication? Cleared for all school activities (including physical education) □ Yes □ No If no, reason/restrictions Comments or recommendations	•			
Cleared for all school activities (including physical education) Yes No If no, reason/restrictions Comments or recommendations				
If no, reason/restrictions Comments or recommendations				
Comments or recommendations	If no, reason/restrictions			
			Date of Exam Office Stamp Pho	NT