

**VOORHEES TOWNSHIP SCHOOL DISTRICT**  
**VOORHEES, NJ 08043**  
**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 / ( / ) 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 Signature

\_\_\_\_\_  
Date of Exam

\_\_\_\_\_  
Office Stamp