



Student Physical Examination Form

Student _____ Birth date _____

To be completed by physician:

Posture _____

Nutrition _____

Nose, Throat, Ears _____

Tonsils _____

Eyes _____

Skin _____

Nervous System _____

Heart _____

Hernia _____

Lungs _____

Lymph Nodes _____

Blood Pressure _____

Thyroid _____

Thorax _____

Abdomen _____

Other _____

Is the student physically fit for a regular school program? Yes No

Are there any activities in which the student is not to participate for health related reasons? Yes No

If yes, specify and explain: _____

Signature of Physician

Date of Exam