

TOTOWA SCHOOLS PHYSICAL EXAM REPORT

Child's Name: _____ Sex: _____ Birthdate: _____

Father's Name: _____ Mother's Name: _____

Date of Physical: _____

Pulse _____ Resp. _____ B/P _____

Height _____ Weight _____

Eyes-Vision Normal _____ Abnormal _____

Ears-Hearing Normal _____ Abnormal _____

Nose-Throat Normal _____ Abnormal _____

Lungs Normal _____ Abnormal _____

Heart Normal _____ Abnormal _____

Nutrition Normal _____ Abnormal _____

Skeletal System Normal _____ Abnormal _____

Skin Normal _____ Abnormal _____

Nervous System Normal _____ Abnormal _____

Disease History

Tuberculosis Yes _____ - Date _____ No _____

Chicken Pox Yes _____ - Date _____ No _____

Measles Yes _____ - Date _____ No _____

AIDS Yes _____ - Date _____ No _____

Scarlet Fever Yes _____ - Date _____ No _____

Hepatitis Yes _____ - Date _____ No _____

Lyme Disease Yes _____ - Date _____ No _____

Scoliosis: >10 years old. Pos * ___ Neg ___ Explain* _____

Allergies that might affect school behavior or attendance _____

Describe any physical condition that might affect student's participation in the school program _____

Does this student take any medication on a regular basis? List medications _____

Has this student ever had a psychiatric exam? Identify reasons and results _____

Has this student ever had a neurological exam? Identify reason and results _____

Rate student's overall health: ___Excellent ___Good ___Fair ___Poor

*Signature of examining physician _____ Date: _____

***OFFICIAL PHYSICIAN STAMP:**

***(THIS FORM IS NOT ACCEPTED WITHOUT SIGNATURE & STAMP OF PHYSICIAN)**