

# PHYSICIAN'S EXAMINATION\*

Height \_\_\_\_\_ Weight \_\_\_\_\_ Blood Pressure \_\_\_\_\_

	Normal	Abnormal	Not Examined
Skin			
Eyes, vision, glasses			
Ears, hearing			
Nose and throat			
Mouth, teeth, speech			
Glands			
Chest, lungs			
Cardiovascular, heart			
Abdomen, enlargement			
tenderness			
hernia			
Spine, back			
Scoliosis for Grade 7			
Posture			
Extremities			
Genitourinary			
Nervous System, reflexes			

Explain Abnormalities

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Nutritional Status and general appearance of the child \_\_\_\_\_

Recommendations for additional medical or dental care \_\_\_\_\_

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.  
 yes     no

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

\_\_\_\_\_  
 Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Address \_\_\_\_\_

\* To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.