



PHYSICAL EXAM

To be completed by health care provider.

TO THE EXAMINER: Please review the student’s history and complete the following Physical Examination form. Please comment on all abnormal findings and be sure all information is complete.

Name of Student: _____
 Date of Birth: _____
 Blood Pressure: _____ Pulse: _____
 Height: _____ Weight: _____

SKIN
HEAD, EYES, EARS, NOSE, THROAT
NECK, THYROID
LUNGS
HEART
ABDOMEN
HERNIA
EXTREMITIES/JOINTS
NEUROLOGICAL
MENTAL STATUS

List Current Medications	Dosage	Frequency

SURGICAL HISTORY: _____

TODAY’S DATE: _____
 MEDICAL PROVIDERS SIGNATURE/STAMP: _____