



**2021-2022
Physical Examination Form**

A licensed physician, nurse practitioner, or physician assistant must complete all sections below.

Child's Name: _____ **Child's Date of Birth:** _____

Child's Grade: _____

Date of examination: _____

Please attach the patient's most recent immunization record.

Vitals

Height _____	Blood Pressure ____/____
Weight _____	Pulse _____

Hearing and Vision

Hearing:	Right _____	Left _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Vision:	Right _____	Left _____	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
Corrected: Yes/ No Glasses / Contacts				

Examination

Medical	Check one		Comments
	Normal	Abnormal Findings	
Head			
Eyes			
Ears			
Nose/Throat			
Mouth/Teeth/Gums			
Heart			
Chest/Lungs			
Skin			
Abdomen			
Genitalia			
Neurological			

Musculoskeletal	Check one		Comments
	Normal	Abnormal Findings	
Spinal Screening			
Neck			
Back			
Shoulder/Arm/Elbow			
Wrist/Hand			
Hip/Thigh			
Knee			
Leg/Ankle			
Foot			
Developmental			
Speech/Language			
Social/Emotional			

Identified Special Needs:

HEALTH CARE PROFESSIONAL'S CERTIFICATION

Health Care Provider's Signature: _____ Date: ___/___/___

Phone Number: _____

Provider's Address: _____