

MEDICAL AND PHYSICAL EXAMINATION FORM

NAME : _____ SEX: (CIRCLE ONE) M / F

PARENT OR GUARDIAN NAME : _____

ALL BLANK SPACES MUST BE COMPLETED

WEIGHT _____ HEIGHT _____ PULSE _____ BLOOD PRESSURE _____

LEGEND: N = NORMAL X = ABNORMAL NE= NOT EXAMINED

GENERAL BODY BUILD _____ SKIN _____

EYE _____ EAR _____ NOSE _____ THROAT _____ TEETH _____

NECK _____ LUNGS _____ HEART _____ CHEST _____ LIVER _____

SPLEEN _____ SPINE _____ ABDOMINAL MASSES _____

JOINT FUNCTION: NECK _____ SHOULDERS _____

ELBOWS _____ WRISTS _____

HANDS _____ HIPS _____ KNEES _____

ANKLES _____ FEET _____

NEUROLOGICAL _____ HERNIA _____ GENITALIA _____

(MALE ONLY)

TB TEST DATE _____ DATE TB TEST READ _____

RESULTS OF TB TEST _____

OPTIONAL AT DISCRETION OF PHYSICIAN:

HGB OR HEMATOCRIT _____

URINALYSIS _____

DESCRIPTION OF ABNORMAL FINDINGS _____

DATE OF EXAM _____

PRINTED /TYPED NAME OF PHYSICIAN

PHYSICIAN'S ADDRESS/TELEPHONE NUMBER

SIGNATURE OF PHYSICIAN _____