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)