

**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)**