

NORTH MIDDLE SCHOOL PHYSICAL EXAMINATION FORM

Name _____

Home Phone _____

Address _____

Emergency Phone _____

Height _____

Visual Acuity :

Weight _____

W/O Glasses Right Eye 20/ ____

W/O Glasses Left Eye 20/ ____

Color Vision
Normal _____ Abnormal _____

With Glasses Right Eye 20/ ____

With Glasses Left Eye 20/ ____

Blood Pressure : _____ / _____

	Normal	Abnormal Findings
1. General	1. _____	
2. Skin	2. _____	
3. HEENT	3. _____	
4. Teeth	4. _____	
5. Neck	5. _____	
6. Lungs	6. _____	
7. Heart	7. _____	
8. Breasts	8. _____	
9. Abdomen	9. _____	
10. Genitalia	10. _____	
11. Lymphatic	11. _____	
12. Tanner	12. _____	
13. Back	13. _____	<u>Other Tests (Circle)</u>
14. Musculo-skeletal	14. _____	Audiometry
15. Pulse	15. _____	Chest X-ray
16. Neurological	16. _____	EKG
		CBC

Urine : Sugar _____

Protein _____

Disposition (Circle)

1. No Participation

2. Limited participation (list specific sports excluded) _____

3. FULL UNLIMITED PARTICIPATION

Physician's Signature : _____ Date _____