

**Plattsburgh City School District
Health Services
Physical Examination Form**

To be completed when child is examined by family physician.

Name _____ School _____

Parent's Name _____ Grade _____

Eyes _____

Ears _____

Nose _____

Mouth & Throat _____ Tonsils _____

Lymph nodes _____

Heart _____ B.P. _____ P. _____

Lungs _____

Abdomen _____

Hernia _____

Genito-Urinary _____

Tanner stage _____ Menarche _____

Orthopedic: Structural _____ Scoliosis _____

Feet _____

Skin _____

Nervous System _____

Speech _____

Nutrition & Growth _____ Height _____ Weight _____

Chronic Illness _____

Immunization Received _____

Medications _____

Recommendations regarding school activities

(Physician's Signature)

(Physician's Name)

(Date of exam)

(Physician's Address)

