

# CANAJOHARIE CENTRAL SCHOOL

## Physical Examination Form

Name \_\_\_\_\_

Age \_\_\_\_\_

Date \_\_\_\_\_

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Height \_\_\_\_\_

Heart \_\_\_\_\_

Weight \_\_\_\_\_

Lungs \_\_\_\_\_

Eyes \_\_\_\_\_

Hernia \_\_\_\_\_

Ears \_\_\_\_\_

Genito-Urinary \_\_\_\_\_

Lymph Nodes \_\_\_\_\_

Orthopedic-Structural \_\_\_\_\_

Thyroid \_\_\_\_\_

Posture \_\_\_\_\_

Tonsils \_\_\_\_\_

Feet \_\_\_\_\_

Nose \_\_\_\_\_

Epilepsy \_\_\_\_\_

Teeth \_\_\_\_\_

Nervous System \_\_\_\_\_

Nutrition \_\_\_\_\_

Other \_\_\_\_\_

1. Has the child had any surgery or serious injury? \_\_\_\_\_

2. From your findings have you recommended treatment? \_\_\_\_\_

3. Are any of the defects irremediable?

4. Is the student's school activity to be modified? If so, state how and for what period of time. Reason should be reflected in the above; if not, reasons should be included.

5. Does the student need to take any medication at school? \_\_\_\_\_

6. Any further way or means the school can help in health problems? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date