

Monmouth Beach School
Physical Examination Form

Student _____ Birth date _____ Date of exam _____

ALL ITEMS MUST BE COMPLETED: Height _____ Weight _____

Vision _____ Hearing _____ Blood pressure _____

HEALTH HISTORY (INCLUDE PRENATAL, BIRTH AND DEVELOPMENTAL HISTORY)

DISEASE HISTORY (please specify type and age of onset):

Allergies _____	Convulsive Disorders _____
Congenital Defects _____	Diabetes _____
Drug Sensitivities _____	Heart Disease _____
Hepatitis _____	Otitis Media _____
Neuromuscular Disorders _____	Rheumatic Fever _____
Asthma _____	Strep Infections _____
Chickenpox _____	Mononucleosis _____
Lyme Disease _____	Other Illnesses _____
Operations or Injuries _____	

PHYSICAL EXAMINATION: (Circle Yes=Normal/ No= Report on comments)

Head/Neck	Yes	No	Abdomen assessment (liver, spleen)	Yes	No
Eyes/Sclera/Pupils	Yes	No	Neck, Back, Spine ROM	Yes	No
Ears	Yes	No	Upper extremities	Yes	No
Nose/Mouth/Throat	Yes	No	Lower extremities	Yes	No
Heart/Murmur/Rhythm	Yes	No	Neurological (balance, coordination)	Yes	No
Lungs	Yes	No	Tanner Stage (testes menses)	Yes	No
Chest Contour	Yes	No	Absence of scoliosis	Yes	No
Skin	Yes	No	Absense of hernia	Yes	No

Abnormal Findings/Comments _____

MEDICATIONS CURRENTLY BEING USED _____

RECOMMENDATIONS OR RESTRICTIONS:

IMMUNIZATION RECORD (EXACT DATES-MONTH/DAY/YEAR-PHYSICIAN MAY ATTACH A SIGNED/STAMPED COPY OF IMMUNIZATION RECORD AS REQUIRED BY LAW)

I have examined this child and find him/her physically fit to participate in all school activities.

Doctor's Name (Print) _____

Doctor's Signature _____

(Counter -signatures are not acceptable)

Address _____

Phone Number _____

DOCTOR'S STAMP