

Saint Monica School
Physical Examination

Student's Last Name	First	MI
---------------------	-------	----

Birth date	Sex	Grade
------------	-----	-------

Legend: *N = Normal* *X = Abnormal* *NE = Not Examined*

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

Vision Screening: Right Eye: _____ Left Eye: _____ with correction _____

Hearing Screening: Right Ear: _____ Left Ear: _____

Neck: _____ Throat: _____ Mouth: _____

Abdomen: _____ Liver: _____ Genitalia: _____

Chest: _____ Heart: _____ Lungs: _____

Joint Function: _____ Reflexes _____ Limbs: _____

Acanthosis Nigricans Screening: _____

Scoliosis Screening: _____

If there are any physical or emotional problems, which may limit full school activity or require special recommendations, please advise: _____

Additional Comments / Impressions: _____

Printed name of Physician

Date of exam

Signature of Physician

Physician's phone number