WEEHAWKEN HIGH SCHOOL

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PLEASE, HAVE FILLED OUT AT YEARLY CHECK-UP

PHYSICAL EXAM

Name:_____ DOB:_____ Date:_____
Allergies(check one): None____ Food _____ Insects_____ Seasonal_____ Medication_____
LIFE-THREATENING: Yes _____ No_____
List Allergies: _____
List any Health Conditions/Diseases: _____
VISION: without correction: Right _____ Left _____ Immunizations received today:
With correction: Right_____ Left_____ _____
HEARING: Right _____ Left_____ **TB test**: Date planted:_____
HEIGHT: _____ WEIGHT:_____ Date read:_____Results:_____
BMI: _____ BP:_____ *(ALL NEWLY ENTERING STUDENTS MUST HAVE A PPD)

	NORMAL	ABNORMAL	COMMENT
General appearance			
Skin			
Head			
Eyes			
Ears			
Nose, Throat, Teeth			
Lungs			
Heart			
Abdomen			
Genitalia			
Musculoskeletal			
Neurological			
Tanner	I II	III IV	V
Scoliosis	NEGATIVE	POSITIVE*	*
Ok for physical education/sports	YES	NO*	*
Restrictions	YES*	NO	*
OTHER*			*

Provider's Name:_____ Date:_____

Provider's Signature:_____ Place Provider's

Provider's Telephone #:_____ stamp here:

Provider's Address: _____