PHYSICAL EXAM FORM

P.O. 315364 Tamuning GU, 96931 Tel: 472-2271

CHILD'S INFORMATION:

First Name: _____ Last Name: _____ Middle Initial: _____

Date of Birth: _____ Male: ☐ Female: ☐ Race/Ethnicity: _____

Mailing Address: _____ (P.O. Box/Street) _____ (City/Village) _____ (State) _____ (Zip Code)

Home Address: _____ (P.O. Box/Street) _____ (City/Village) _____ (State) _____ (Zip Code)

MEDICAL HISTORY:

1. Any history of allergies? ☐ No ☐ Yes, Please Explain: _____
2. Any previous illness? ☐ No ☐ Yes, Please Explain: _____
3. Any hearing problems? ☐ No ☐ Yes, Please Explain: _____
4. Any physical disabilities? ☐ No ☐ Yes, Please Explain: _____

GENERAL INSPECTION:

Head	_____	Throat	_____	Lungs	_____	Extremities	_____
Eyes	_____	Teeth	_____	Abdomen	_____	Neurological System	_____
Ears	_____	Neck	_____	Spleen	_____		
Nose	_____	Chest	_____	Genitalia	_____		
Mouth	_____	Heart	_____	Hernia	_____		

PHYSICAL EXAMINATION:

Height: _____ Weight: _____ Temp: _____ Pulse: _____ Respiration: _____

Blood Pressure: _____ Vision: Left _____ Right _____

Does this child have any significant problems (physical, social, emotional) which may interfere with his/her school experience?

☐ No ☐ Yes, Please explain: _____

_____

Additional Comments/Restrictions/Recommendations: _____

_____

Date: _____ Physician Signature: _____

Clinic/Hospital: _____ Print Name: _____