ANNUAL PHYSICAL EXAM FORM

TO BE COMPLETED BY A DOCTOR OR NURSE PRACTITIONER

Student: _____ Height: _____

Date of Birth: _____ Weight: _____

Examination Date: _____ Blood Pressure: _____

Physical Examination Findings	Normal	Abnormal	Explain
Vision			
Ears, Nose and Throat			
Lungs			
Heart			
Abdomen			
Skin			
Posture			
Extremities			
Nutrition			
Development			

Physical Examination Findings	Yes	No	Explain
Hyperactivity / attention deficit			
Onset of menstruation (females only)			
Immunodeficiency			
Physical illness / impairment			
Speech / language delay			
Other medical conditions			
Dietary restrictions			
Cognitive, mental, emotional conditions			
Restrictions from physical activity			

Allergies	Yes	No	Explain
Medication:			
Food:			
Environmental:			
Other:			

Medications

List all medications student is currently taking.

Physician Name: _____

Physician Signature: _____

Date: _____