

PHYSICAL EXAMINATION

Name: _____

Date: _____

Temp:	Pulse:	Respirations:	Blood Pressure:	Height:	Weight:	
Check appropriate box		Normal	Abnormal	Findings		
Skin		<input type="checkbox"/>	<input type="checkbox"/>			
Head Eyes, Ears Norse and Throat		<input type="checkbox"/>	<input type="checkbox"/>			
Lungs		<input type="checkbox"/>	<input type="checkbox"/>			
Heart		<input type="checkbox"/>	<input type="checkbox"/>			
Abdomen		<input type="checkbox"/>	<input type="checkbox"/>			
Extremities		<input type="checkbox"/>	<input type="checkbox"/>			
Neurological		<input type="checkbox"/>	<input type="checkbox"/>			

IMPRESSION/RECOMMENDATION:

The student has a health condition that creates a hazard to self or others.

- No
 Yes – Explain further regarding health condition.

Provider Signature/Title

Date