

# TEANECK COMMUNITY CHARTER SCHOOL

## HEALTH OFFICE - PHYSICAL EXAMINATION FORM

**STUDENT'S NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **GRADE:** \_\_\_\_\_

The examining physician is responsible for informing the school of any physical or other problems which may hinder the student from full participation in the school health and physical education program.

Height: _____	Blood Pressure: _____	Hearing: R: _____ L: _____	
Weight: _____	Visual Acuity: R 20/____ L 20/____	Vision Corrected: Y N	

	Normal?	
	YES	NO
Head/Neck	YES	NO
Eyes/Sclera/Pupils	YES	NO
Ears	YES	NO
Nose/Mouth/Throat	YES	NO
Thyroid	YES	NO
Speech	YES	NO
Heart: Murmurs / Rhythms	YES	NO
Lungs: Auscultation/Percussion	YES	NO
Chest Contour	YES	NO
Skin	YES	NO

	Normal?	
	YES	NO
Abdomen	YES	NO
Hernia? <small>(if yes/possible, please explain in space below)</small>	NEG	YES possible
Neck/Back/Spine: Range of Motion	YES	NO
Scoliosis?	NEG	YES possible
Upper Extremities	YES	NO
Lower Extremities	YES	NO
Nervous System	YES	NO
Nutrition	YES	NO

Please explain any abnormal findings: \_\_\_\_\_

GENERAL CONDITION: \_\_\_\_\_

PHYSICAL EDUCATION: 1. Full activity recommended: \_\_\_\_\_  
 2. No competitive or contact sports: \_\_\_\_\_  
 3. Limited activity prescribed as follows: \_\_\_\_\_  
 4. Exclusion because: \_\_\_\_\_  
 Exclusion Dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

MEDICATIONS CURRENTLY IN USE: \_\_\_\_\_  
 (PLEASE ATTACH COMPLETED FORM FOR MEDICATION ORDERS, IF ANY)

ALLERGIES: \_\_\_\_\_

RECENT IMMUNIZATIONS AND DATES: \_\_\_\_\_

RECENT TUBERCULIN TEST:  
 Date PPD / Mantoux placed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Read: \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Physicians Address**

\_\_\_\_\_  
**Examination Date**

**Please stamp with office stamp**