

School District of South Orange and Maplewood

525 Academy Street, Maplewood, New Jersey 07040 Tel: 973 - 762 - 5600 x1830 Fax: 973 - 378 - 7649

STUDENT PHYSICAL EXAMINATION FORM - RETURN TO SCHOOL NURSE

Name: _____ Exam Date: _____ Age: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____ Home Phone: _____
 School: _____ Grade: _____ Gender: _____
 Physician: _____ Phone: _____ Fax: _____
 Address: _____ City/State/Zip: _____

HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: ____ / ____ PULSE: _____
 VISION: (R) _____ (L) _____ CORRECTED: Y / N _____ CONTACTS: Y / N _____ GLASSES: Y / N _____
 HEARING: _____ LEAD LEVEL: _____ COMMENTS: _____

| | Normal | Abnormal Findings | Comments |
|-----------------------------|--------|-------------------|----------|
| Head/Neck | | | |
| Eyes/Sclera/Pupils | | | |
| Ears | | | |
| Nose/Mouth/Throat | | | |
| Heart: Murmurs/Rhythms | | | |
| Lungs | | | |
| Chest Contour | | | |
| Skin | | | |
| Abdomen (inc. liver/spleen) | | | |
| Hernia | | | |
| Tanner Stage: | | | |
| Testes/Onset of Menses | | | |
| Neck/Back/Spine: ROM | | | |
| Scoliosis | | | |
| Upper Extremities | | | |
| Lower Extremities | | | |
| Neurological: | | | |
| Balance/Coordination | | | |
| Romberg | | | |
| Heel Walk | | | |
| Tandem Walk | | | |
| Nose Touch | | | |
| Toe Walk | | | |

Most Recent Immunizations: _____
 Asthma/Allergies: _____
 Medications Currently Taking: _____
 Additional Observations: _____
 Student able to participate in all physical education: Yes No
 List any significant health problems that should be taken into consideration for placement in school (ie. Hearing, Vision Problems, Lead Poisoning, etc.): _____

EXAMINED BY: Physician's Provider's Stamp

Physician's Signature: _____
 Address: _____
 Phone: _____
 Fax: _____
 Date: _____