

Physical Examination

Student: _____

Grade: _____ Date: _____

Code: Satisfactory: X Needs Observation: XX Needs Immediate Attention:
C Correction of Defect

Nutrition: _____

Posture: _____

Gate: _____

Musculature: _____

Skin: _____

Scalp: _____

Eyes: _____ Ears: _____

Nose: _____

Mouth, Gums: _____

Speech: _____ Teeth: _____

Throat: _____

Lymph Nodes: _____ Thyroid: _____

Heart: _____

Lungs: _____ Abdomen: _____

Bones & Joints: _____

Feet: _____

Hemoglobin: _____

Urinalysis: _____

Should Physical Activity Be Restricted? _____

Parent Present: _____

Examining Physician