

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