

# Physical Examination

Student: \_\_\_\_\_

Grade: \_\_\_\_\_ Date: \_\_\_\_\_

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

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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: \_\_\_\_\_

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Should Physical Activity Be Restricted? \_\_\_\_\_

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Parent Present: \_\_\_\_\_

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\_\_\_\_\_  
Examining Physician