

## School Physicals

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ BP: \_\_\_\_\_

Urinalysis: \_\_\_\_\_

Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Surgery: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

### Physical

EENT: \_\_\_\_\_

Cardiovascular: \_\_\_\_\_

Lungs: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Genitalia-Hernia: \_\_\_\_\_

Orthopedic: \_\_\_\_\_

\_\_\_\_\_  
(physicians' signature)