

Physical Examination Form

Good Shepherd Lutheran School

East Troy, WI

Proclaiming the Gospel of Jesus Christ



Student Name _____

Height _____ % Weight _____ % Blood Pressure _____

	Normal	Abnormal	Comments
Skin	<input type="checkbox"/>	<input type="checkbox"/>	_____
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ears	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nose & Throat	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dental	<input type="checkbox"/>	<input type="checkbox"/>	_____
Neck	<input type="checkbox"/>	<input type="checkbox"/>	_____
Heart	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hernia	<input type="checkbox"/>	<input type="checkbox"/>	_____
Extremities	<input type="checkbox"/>	<input type="checkbox"/>	_____
Nutritional Status	<input type="checkbox"/>	<input type="checkbox"/>	_____
Emotional Status	<input type="checkbox"/>	<input type="checkbox"/>	_____

Do you wish to see this child again? Yes No If so, when? _____

Are you referring this child to another professional? Yes No If so, when? _____

Is this child on any medication? Yes No If so, What? _____

Recommendations for Child's School Program

Date of examination _____

Physician's Signature _____

Address _____ Phone _____