



PHYSICAL EXAMINATION

NAME: _____

HT _____ **WT** _____ **BP** _____ **Pulse** _____

CLINICAL EVALUATION	NORMAL	ABNORMAL	DETAILS
Head, Neck, Face, Scalp			
Eyes			
Ears, Nose, Throat			
Hearing			
Mouth, Teeth			
Cardiovascular			
Chest, Lungs			
Abdomen, Viscera			
G I System			
Spine, Other Musculoskeletal			
Extremities			
Endocrine System			
Skin, Lymphatic			
Neurologic			

1. Are there any physical problems indicated by your exam **Yes or No?**

Comments: _____

2. Do you have any recommendation regarding the care of this student **Yes or No?**

Comments: _____

3. Does the student have a health impairment which would pose risk to patients or personnel or which might interfere with their duties? **Yes or No**

Comments: _____

Additional Comments: _____

Physicians Signature _____ **Print Name** _____

Date _____ **Phone** _____