

Shrewsbury Borough School Physical Examination

Name _____ Grade _____

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____

Vision: R 20 / _____ L 20 / _____ Corrected: Y / N Contacts: Y / N Glasses: Y / N

Immunizations this visit: _____

	Normal	Abnormal	Comments
Head / Neck			
Skin			
Eyes/ Sclera /Pupils			
Ears			
Nose /Mouth / Throat			
Heart /Murmurs /Rhythm			
Lungs Auscultation / Percussion			
Abdomen /Liver /Spleen			
Tanner Stage Testes /Onset of Menstruation			
Neck /Back /Spine Scoliosis			
Hernia			
Orthopedic			

Resrictions: _____

Comments: _____

Physicians Signature _____ Date of Exam: _____