Forming Minds and Hearts for Leadership and Service

Saint Teresa
REGIONAL SCHOOL

PHYSICAL EXAMINATION FORM

CHILD'S NAME	DATE OF BIRTH
B.P.	PULSE
HEIGHT	WEIGHT
SKIN	
LYMPH SYSTEM:	CERVICAL
AXILLARY	INGUINAL
HEAD AND NECK	
EYES	EARS
NOSE	MOUTH
CHEST- HEART	
LUNGS	
EXTERNAL DEFORMITIES	
ABDOMEN	GENITALIA
BACK AND SPINE	
EXTREMITIES	
NERVOUS SYSTEM (REFLEXES)	
ANY SERIOUS OR CHRONIC ILLNESSES?	
ALLERGIES:	
ACTIVITY RESTRICTIONS:	
REQUIRE AN EPI PEN / **ALLERGEN EMERGENCY PLAN** FOR LIFE-THREATENING ALLERGIES	
REQUIRE AN INHALER/NEBULIZER AT SCHOOL / **ASTHMA TREATMENT PLAN**?	
LIST PREVIOUS SURGERIES:	
LIST ANY ROUTINE MEDICATIONS:	
	DATE OF EXAM:
SIGNATURE OF PHYSICIAN	TODAY'S DATE:

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