

**Berlin Central School Health Services
Private Physical Examination Form**

Student's Name: _____ Sex: M F Date of Birth: _____

Address: _____ Parent or Guardian: _____

Height: _____ Weight: _____ B/P: _____ Pulse: _____



(To Be Completed By Physician)

Legend: N=Normal X=Abnormal NE=Not Examined

Eyes _____ Ears _____ Nose _____ Throat _____

Teeth _____ Neck _____ Lungs _____

Heart _____ Chest _____ Liver _____

Spleen _____ Spine _____ Abdominal Masses _____

Skin _____ Neurological _____ Hernia _____

Joint Function: Neck: _____ Shoulders _____ Elbows _____ Wrists _____ Hands _____

Hips _____ Knees _____ Ankles _____ Feet _____

Genito-Urinary _____ Nutrition _____

Hemoglobin or Hematocrit _____ Urinalysis _____

Please list all medications student is taking at this time (prescription & non-prescription):



May student participate in Physical Education? **YES** **NO**

Special instructions or special limitations: _____

Immunizations or Tests Within The Last Year – Please Indicate Dates Given

D.T./Tetanus Toxoid _____ IPV/OPV _____ TB Test _____

MMR _____ Hepatitis B _____ Varicella _____

Other findings & Recommendations (May use other side): _____

Print Name of Physician: _____ Phone: () _____

Signature of Physician: _____ Date of Exam: _____