



Physical Exam

Dear Parent:

If your child has had a physical exam in the last 12 months, you may supply us with a copy. If not, you will need to make a Doctor's appointment and have the exam completed on the attached form.

Sincerely,

Peninsula Adventist School

PHYSICIAN'S EXAMINATION*

Height _____

Weight _____

Blood Pressure _____

	Normal	Abnormal	Not Examined
Skin			
Eyes, vision, glasses			
Ears, hearing			
Nose and throat			
Mouth, teeth, speech			
Glands			
Chest, lungs			
Cardiovascular, heart			
Abdomen, enlargement			
tenderness			
hernia			
Spine, back			
Scoliosis for Grade 7			
Posture			
Extremities			
Genitourinary			
Nervous System, reflexes			

Explain Abnormalities

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling.
 yes no

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

Date _____ Physician's Signature _____

Address _____

* To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.