

**Woodbury Public School
School Health Office
MEDICAL HISTORY & PHYSICAL EXAMINATION FORM**

Student Name _____ **DOB** _____

Height _____	<u>Vision</u>	<u>Hearing</u>
	Right eye _____	Right Ear _____
Weight _____	Left eye _____	Left ear _____
Blood Pressure _____	Correction yes ___ no ___	

REVIEW OF SYSTEMS	FINDINGS	COMMENTS / CONCERNS
✓ = Within Normal Limits		
<i>Skin</i>		
<i>Ears</i>		
<i>Eyes</i>		
<i>Lymph Glands</i>		
<i>Thyroid</i>		
<i>Nose</i>		
<i>Throat</i>		
<i>Teeth-Mouth</i>		
<i>Heart (Rate & Rhythm)</i>		
<i>Lungs</i>		
<i>Abdomen</i>		
<i>Genito-Urinary</i>		
<i>Hernia</i>		
<i>Nutrition</i>		
<i>Nervous System</i>		
<i>Speech</i>		
<i>Orthopedic (Structure & Posture)</i>		
<i>General Appearance</i>		
<i>Other</i>		

Asthma ___ Yes ___ No

Epi-Pen ___ Yes ___ No

Physician's Name (print): _____

Physician's Signature: _____

Physician's Address: _____

Physician's Phone Number: _____ **Date of Examination** _____