

**MOORESTOWN FRIENDS SCHOOL  
PHYSICAL EXAMINATION FORM FOR LOWER SCHOOL  
(To be completed by the examining physician)**

Date of Physical Exam: \_\_\_\_\_

**-STUDENT INFORMATION-**

Student's Name: \_\_\_\_\_ Sport: \_\_\_\_\_

Gender: M F (circle one) Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

**-PHYSICIAN INFORMATION-**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address : \_\_\_\_\_

City/State/Zip \_\_\_\_\_

**PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ / \_\_\_\_\_ Pulse: \_\_\_\_\_ bpm.

Vision: R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected: Y / N Contacts: Y / N Glasses: Y / N

**IMMUNIZATION RECORD**

<b>TEST &amp; IMMUNIZATIONS</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>
TETANUS OR Td.					
POLIO (TRIVALENT OPV)					
MMR					
HIB					
HEP B					
VARIVAX					
PNEUMOCOCCAL					
INFLUENZA					
TBC. TEST & TYPE					

Medications currently being used: \_\_\_\_\_

\_\_\_\_\_

Indicators	Normal? (Circle One)		Abnormal Findings/Comments
	YES	NO	
Head/Neck	YES	NO	
Eyes/Sclera/Pupils	YES	NO	
Ears	YES	NO	
Nose/Mouth/Throat	YES	NO	
Heart: Murmurs/Rhythms	YES	NO	
Lungs: Auscultation/Percussion	YES	NO	
Chest Contour	YES	NO	
Skin	YES	NO	
Abdomen: Assessment (inc. liver, spleen)	YES	NO	
Tanner Stage: Testes/Onset of Menses	YES	NO	
Neck/Back/Spine: Range of Motion	YES	NO	
Scoliosis	YES	NO	
Upper Extremities	YES	NO	
Lower Extremities	YES	NO	
Neurological: Balance & Coordination Romberg	YES	NO	
Heel Walk	YES	NO	
Tandem Walk	YES	NO	
Nose Touch	YES	NO	
Toe Walk	YES	NO	
Hernia? If yes/possible, explain	YES	NO	

Additional Observations: \_\_\_\_\_

General Diagnosis: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Physician's/Provider's Stamp:

EXAMINED BY:  
 Family Physician/Provider \_\_\_\_\_  
 School Physician \_\_\_\_\_  
 \_\_\_ MD \_\_\_ DO \_\_\_ NP \_\_\_ PA

Physician's/Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_