

Hainesport Township School District

Mr. Joseph R. Corn
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Physical Examination Form

NAME OF CHILD: _____

DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____

PULSE: _____ BP: _____

SKIN: _____

EYES: _____

EARS: _____

NOSE: _____

MOUTH: _____

THROAT: _____

SPEECH: _____

HEART: _____

LUNGS: _____

ABDOMEN: _____

GENITALIA: _____

SCOLIOSIS: _____

JOINTS: _____

ALLERGIES: _____

ASTHMA: _____

SIGNIFICANT ILLNESSES/INJURIES: _____

SURGICAL HISTORY: _____

MEDICATIONS: _____

RECENT IMMUNIZATIONS AND DATES: _____

He/She may participate fully in all school activities: Yes No

Please list restrictions and reasons: _____

Date of Exam: _____

Physician's Signature: _____

Physician's Stamp: