

SWEDESBORO-WOOLWICH SCHOOL DISTRICT
SWEDESBORO, NEW JERSEY

REPORT OF PHYSICAL EXAM TO BE FILLED OUT BY FAMILY PHYSICIAN

NAME _____ EXAM DATE _____

HEIGHT _____ WEIGHT _____ BLOOD PRESSURE _____

EARS (Otosopic) _____ EYES _____

NOSE _____ THROAT _____ TEETH-MOUTH _____

LYMPH GLANDS _____ THYROID _____

HEART _____ LUNGS _____

ABDOMEN _____ HERNIA _____

GENITO-URINARY _____

ORTHOPEDIC

STRUCTURAL _____

POSTURE _____

SCOLIOSIS SCREENING _____

FEET _____

SKIN (Non-Communicable) _____

NUTRITION _____

NERVOUS SYSTEM _____

SPEECH _____

GENERAL APPEARANCE _____

OTHER _____

REMARKS & REFERRALS _____

PHYSICIAN'S SIGNATURE

ADDRESS

Please return this form to the school nurse as soon as possible.