



DINUBA UNIFIED SCHOOL DISTRICT
 1327 E EL MONTE WAY, DINUBA, CA 93618

PHYSICAL EXAMINATION REPORT

Child's Name _____ Birthdate _____
 Address _____ Phone _____ School _____

PHYSICAL EXAMINATION: (To Be Completed by Physician)

DATE OF EXAMINATION: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ BLOOD PRESSURE: _____

CLINICAL EVALUATION	NORMAL	ABNORMAL	COMMENT
Skin			
Eyes (general)			
Eyes (vision)			
Ears (general)			
Ears (hearing)			
Nose, throat, neck			
Teeth			
Heart and lungs			
Abdomen			
Genitals, hernia			
Extremities, back reflexes			
Other:			
Urine: Albumin	Sugar	Hemoglobin	

Is there any reason this child should have restricted PE? YES NO

Is this child on any continuing medication? YES NO

Diagnosis _____ Medication _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____