

**SOMERSET PUBLIC SCHOOLS
PHYSICAL EXAMINATION**

Student's Name _____ Gr. _____ DOB _____

Ht. _____ Wt. _____ BMI _____ BP _____ Pulse _____

Date of Physical _____	<u>Normal</u>	<u>Abnormal Findings</u>
Cardiopulmonary:		
Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____
Skin:		
_____	_____	_____
Abdominal:		
_____	_____	_____
Genitalia:		
_____	_____	_____
Musculoskeletal:		
Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back (incl. scoliosis)	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____
Neuro:		
_____	_____	_____
Other:		
_____	_____	_____

Medications: Y N Name of meds., dosage, and frequency _____

Allergies: Y N If yes, please describe _____

Immunizations/Boosters: (give exact dates)
 Td _____ MMR #1 _____ #2 _____
 Hepatitis B #1 _____ #2 _____ #3 _____

Screenings: Urine Check (Protein) _____
Significant findings: _____
Significant illness or injuries: _____
Medication or treatment orders to be carried out at school: _____

Sports Clearance: A.) Cleared ____ B.) Not cleared ____ C.) Cleared after _____

Name of Physician (print clearly) _____

Signature of Physician _____ Date of Signature _____