

PHYSICIAN'S EXAMINATION*

Height _____

Weight _____

Blood Pressure _____

	Not			Explain Abnormalities
	Normal	Abnormal	Examined	
Skin				_____
Eyes, vision, glasses				_____
Ears, hearing				_____
Nose and throat				_____
Mouth, teeth, speech				_____
Glands				_____
Chest, lungs				_____
Cardiovascular, heart				_____
Abdomen, enlargement				_____
tenderness				_____
hernia				_____
Spine, back				_____
Scoliosis for Grade 7				_____
Posture				_____
Extremities				_____
Genitourinary				_____
Nervous System, reflexes				_____

Nutritional Status and general appearance of the child _____

Recommendations for additional medical or dental care _____

This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling. Yes _____ No _____

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted. _____

Date _____ Physician's Signature _____

Address _____

*To be completed by the family physician and kept on file at the school for all children, a) entering school for the first time, b) at grade seven (this should include the scoliosis examination), c) at least once in grades nine through twelve, and d) at other grades, when required by the Conference Board of Education.