

Willingboro Township Schools

Physical Examination Form

Name _____ Birthdate _____ Exam date _____

Park School _____

Height _____

Heart _____

Weight _____

Lungs _____

Blood Pressure _____

Allergies (food/medicine) _____ Bee stings, etc

Nutrition _____

Posture _____

Skin _____

Scoliosis _____

Eyes R _____

Feet _____

L _____

Nervous System _____

Vision R _____

Deformities _____

L _____

Hernia _____

Nose _____

IMMUNIZATIONS

Please give month day and year

Check here if copy is attached _____

Ears R _____

DPT _____

L _____

Hearing R _____

OPVo or IPV _____

L _____

Glands _____

MMR _____

Throat _____

HIB _____

Teeth _____

Hepatitis B _____

Speech _____

Varicella _____

Chronic Conditions: _____

Surgeries: _____

Medications given on a regular basis: _____

Signature of Physician _____ Date _____