

Kingsway Regional School District

PERSONNEL PHYSICAL EXAMINATION

DATE: _____ DATE OF BIRTH: _____

NAME: _____
Last First M

EXAMINATION

Blood Pressure	_____	Is this normal for individual?	_____
Heart Rate	_____	Is this normal for individual?	_____
Lungs	_____	Is this normal for individual?	_____
Eyes:	Right _____	Left _____	Abdomen _____
Ears (Otosopic)	_____		Hernia _____
Lymph Nodes	_____		Orthopedic _____
Thyroid	_____		Posture _____
Nose	_____		Feet _____
Mouth	_____	Skin (Noncomm.)	_____
Nervous Disorder	_____	Reflexes	_____
Deformities	_____	Allergies	_____
Height	_____	Weight	_____
General Health	Good ()	Fair ()	Poor ()

TESTS

Urinalysis (if indicated) _____
Hemoglobin (if indicated) _____
Remarks and Recommendations _____

Signature of Examining Physician

Date

Street Address _____
City, State, Zip _____