

**MONTGOMERY TOWNSHIP SCHOOL DISTRICT
RECORD OF PHYSICAL EXAMINATION**

NAME _____ Circle Gender M/F Grade _____

Physician OR provider information

Height:	Weight:	Blood Pressure: /	Pulse: bpm
Vision: R 20/ Glasses Y/N	L 20/	Corrected: Y/N Contacts: Y/N	Hearing : R L

	Normal	Abnormal	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose			
Heart: Murmur/Rhythms			
Lungs: Auscultations/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. Liver, spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia			
Neck/Back/Spine Range of Motion: Scoliosis:			
Upper Extremities			
Lower extremities			
Neurological: Balance & Coordination			
Romberg:			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			

Vaccine Type	Disease Date	1 st Dose Mo/Day/Yr	2 nd Dose Mo/Day/Yr	3 rd Dose Mo/Day/Yr	4 th Dose Mo/Day/Yr	5 th Dose Mo/Day/Yr	6 th Dose Mo/Day/Yr
Diphtheria/Tetnus Pertussis, DPT							
Oral Polio (OPV) If Salk (IPVO)							
MMR (Measles, Mumps & Rubella)							
Measles					Measles or Serology	Date	Titer
Rubella					Rubella or Serology	Date	Titer
Mumps					Mumps or Serology	Date	Titer
HIB					Hep. B		
Varicella							

TB Skin Test (Type Date of Exam)	(Reaction) BCG Physician's Signature
Physician's Name (Print)	Town