

**THE EWING PUBLIC SCHOOLS
PHYSICAL EXAMINATION**

Name _____ School _____ DOB _____

Address _____ Grade _____ H.R. _____

BP _____ Height _____ Weight _____

Eyes: RT _____

LT _____

Ears: RT _____

LT _____

Teeth: _____

Gums: _____

Tonsils: _____

Nose: _____

Glands: Cervical _____

Thyroid _____

Heart: _____

Lungs: _____

Posture/Scoliosis: _____

Skin: _____

Hernia: _____

Speech: _____

Restrictions: _____

May the child participate in a full school activity program? _____

Date of exam _____ Physician's Signature _____

Today's date _____ Physician's Stamp _____