

FAIR HAVEN PUBLIC SCHOOLS
Physical Examination Report

Examination Date

Child's Name _____ Age _____ Birth Date ____/____/____

Address _____

TO BE COMPLETED BY FAMILY PHYSICIAN:

Height _____ Weight _____ B. P. _____

Nutrition _____

Teeth _____ Speech _____

Eyes: Right _____ Left _____

Ears: Right _____ Left _____

Nose _____ Throat _____

Neck _____

Chest: Heart _____

Lungs _____

Abdomen _____

Genito Urinary _____

Extremities _____

Orthopedic (Scoliosis) _____

Posture _____

Skin _____

Hepatitis B _____

Pertinent Comments: (Significant History)

Examining Physician