

Physical Examination Form for School

1. Student Information

- Full Name: _____
- Grade: _____
- Date of Birth: _____
- Gender: _____
- Address: _____
- Parent/Guardian Contact Number: _____

2. Medical History

- Past Illnesses: _____
- Current Medications: _____
- Allergies: _____
- Family Medical History: _____

3. Examination Details

- Height: _____
- Weight: _____
- Blood Pressure: _____
- Heart Rate: _____
- Vision Test: _____
- Hearing Test: _____

4. Immunization Record

- Immunization Type: _____
- Date Given: _____

5. Laboratory Tests

- Blood Test Results: _____
- Urine Test Results: _____
- X-ray/MRI Results: _____

6. Doctor's Observations

- General Appearance: _____
- Neurological Examination: _____
- Cardiovascular Examination: _____
- Respiratory Examination: _____

7. Conclusion and Recommendations

- Fitness Status: _____
- Recommendations for Further Tests: _____
- Doctor's Signature: _____ Date: _____