

Alloway Township School
Physical Examination Report
2023-2024 School Year

**Please attach a copy of the
child's current
immunization record.**

Name _____

Birthdate _____ Gender _____ Grade _____

Significant Health History:

Allergies: _____

Past Serious/Chronic Illnesses _____

Surgeries/Injuries _____

Hospital Admissions _____

Current Health Problems _____

Routine Medications _____

Physical Examination:

Date of Exam _____

Height (inches) _____ Weight (lbs) _____ BP _____

Hearing _____ Vision & Muscle Balance _____

Lymph Glands _____ Heart _____ Feet _____

Thyroid _____ Lungs _____ Skin _____

Eyes _____ Abdomen _____ Nutrition _____

Ears _____ Hernia _____ Speech _____

Nose _____ Nervous Sys _____ Other _____

Throat _____ Skeletal _____ Date of last dental appt _____

Teeth/Mouth _____ Scoliosis _____

Past blood levels (date/level) _____

General Appearance _____

Do you recommend any activity limitations? Please explain: _____

Do you recommend any school health accommodations? Please explain: _____

Examining Physician's Name (please print)

Telephone Number

Examining Physician's Signature*

Date

(* Physician's personal signature - no cosigners or stamps, please!)