



**ST. PAUL LUTHERAN SCHOOL | LAKE MILLS, WISCONSIN**

**PHYSICAL EXAMINATION FORM**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ M.I. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_

Vision R20 / \_\_\_\_\_ L20 / \_\_\_\_\_ Corrected: Y N Pupils Equal \_\_\_\_\_ Unequal \_\_\_ YES NO

	NORMAL	ABNORMAL FINDINGS
<b>MEDICAL</b>		
Appearance		
Eyes/Ears/Nose/Throat		
Hearing		
Lymph Nodes		
Heart		
Murmurs		
Pulses		
Lungs		
Abdomen		
Genitourinary (males only)		
Skin		
<b>MUSCULOSKELETAL</b>		
Neck		
Back		
Shoulder/Arm		
Elbow/Forearm		
Wrist/Hand/Fingers		
Hip/Thigh		
Knee		
Leg/Ankle		
Foot/Toes		

Any Restrictions YES \_\_\_ NO \_\_\_

Explain \_\_\_\_\_

Immunizations Given \_\_\_\_\_

Name of Physician (print/type) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Signature of Physician \_\_\_\_\_