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HOPE TOWNSHIP SCHOOL

Telephone 908 459 4242
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Student Physical Examination by Private Physician

EXAMINATION: Student's name _____

Blood Pressure _____ Heart _____ Lungs _____

Eyes: Right _____ Left _____ Abdomen _____

Ears: Otoscopic _____ Hernia _____

Lymph Nodes _____ Orthopedic and Scoliosis _____

Thyroid _____ Posture _____

Nose _____ Feet _____

Mouth _____ Skin _____

Nervous Disorder _____ Reflexes _____

Deformities _____ Allergies _____

Height _____ Weight _____

General Health: Good () Fair () Poor ()

Tests:
Recent
Immunizations _____

Urinalysis (if indicated) _____ Hemoglobin (if indicated) _____

Remarks, Recommendations _____

Physician's Signature Telephone Date

