NEWBURGH ENLARGED CITY SCHOOL DISTRICT
Physical Examination

Date_____

Name_____DOB _____ Age _____
School _____Grade____ Teacher_____
Height_____%_____Weight_____%_____Vision_____Hearing_____Ref:_____
Urine_____Hgb/Hct_____Recent Immunizations/Date_____
TB Test: _____Date_____Result_____
History **Menarche/LMP_____**

Social HX
PMH:

Allergies: **Meds: taken daily/prn_____**

General Appearance_____B/P_____Pulse_____

N	X	O	System	Comments
			Skin/Lymph	
			Eyes	
			Ears	
			Nose	
			Mouth/Throat	
			Teeth	
			Neck/Thyroid	
			Chest/Lungs	
			Heart/Apical	
			Abdomen	
			Genitalia/Tanner	
			Extremities-Spine	
			Neurological	
			Developmental	

Comments & Plan: [additional comments on back]

Plan: ***Health Care Maintenance-***

1. Anticipatory Guidance provided _____
Nutrition/Exercise _____
Dental Care/Hygiene _____

2. Referrals
Vision/Hearing _____
Dental _____
Other _____

3. ***Medications: <u>Over the Counter</u>-Check & indicate frequency/dosage if medication can be dispensed on a prn basis.***
( ) Tylenol ( ) Ibuprofen ( ) Mylanta

4. Prescription Medications: _____
Name Dosage Frequency Route

Signature and title of Examiner:_____