

## St. John Neumann Catholic School Physical Exam Report

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

### IMMUNIZATION STATUS:

DTaP/DT/Td 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_, 6) \_\_\_\_\_

ADOLESCENT Tdap 1) \_\_\_\_\_

MENINGOCOCCAL 1) \_\_\_\_\_

POLIO 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

HEP B 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ HEP A 1) \_\_\_\_\_ 2) \_\_\_\_\_

MMR 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

VARICELLA 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

OTHER \_\_\_\_\_

### MEDICAL HISTORY:

### PHYSICAL EXAM:

	NORMAL	ABNORMAL/COMMENT
General Nutrition	_____	_____
Skin	_____	_____
Eyes	_____	_____
Ears	_____	_____
Nose and Throat	_____	_____
Teeth and Gingiva	_____	_____
Heart	_____	_____
Lungs	_____	_____
Abdomen	_____	_____
Neuromuscular	_____	_____
Skeletal	_____	_____
Genital/Urinary	_____	_____

Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Ht \_\_\_\_\_ Wt \_\_\_\_\_ BMI \_\_\_\_\_ BMI% \_\_\_\_\_

Scoliosis \_\_\_\_\_

Examining Doctor \_\_\_\_\_ Date \_\_\_\_\_

Address or Clinic \_\_\_\_\_