

Physical Examination Form

KAOHSIUNG AMERICAN SCHOOL

Last Name: _____ First Name: _____ D.O.B: ____/____/____
(YYYY/MM/DD)

Grade: _____ Gender: Male Female

Weight _____ Height _____ Pulse _____ Blood Pressure _____

Corrected Vision: L't _____ R't _____ Hearing Screen: Pass Fail

Urinalysis-Protein: _____

Physical Exam:	Normal	Abnormal(describe)
Appearance:		
Skin		
Eyes, Ear, Nose, Throat		
Lymph nodes		
Neck, Thyroid		
Heart murmur		
Abdomen(Hernia)		
Genitourinary(male only)		
Neurological		
Musculoskeletal		

Recommendations for physical activity: Unlimited: _____ Limited: _____

If limited, please specify: _____

Physician signature: _____

Date: ____/____/____
(YYYY/MM/DD)