

**PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM**  
**CAMPUS: Central Mindanao Campus**

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

**PHYSICAL EXAMINATION FORM FOR GRADE 7 OR LATERAL STUDENT**  
(To be accomplished by the Family Physician)

1. Height \_\_\_\_\_ Weight \_\_\_\_\_
2. Age \_\_\_\_\_
3. Date of Birth \_\_\_\_\_
4. Eyes:  
    Visual Acuity w/o glasses  
        Distant          Near  
    O.D.          \_\_\_\_\_  
    O.S.          \_\_\_\_\_
5. Ears:  
    Canals    R \_\_\_\_\_ L \_\_\_\_\_  
    Drums    R \_\_\_\_\_ L \_\_\_\_\_  
    Hearing  R \_\_\_\_\_ L \_\_\_\_\_
6. Nose: \_\_\_\_\_
7. Mouth and Throat  
    Tonsils: Present \_\_\_\_\_ Out \_\_\_\_\_  
    Teeth and Gums: \_\_\_\_\_
8. Neck: \_\_\_\_\_
9. Chest/Lungs: \_\_\_\_\_
10. Breast: \_\_\_\_\_
11. Heart: \_\_\_\_\_
12. Pulse: \_\_\_\_\_
13. Abdomen: \_\_\_\_\_
14. Hernia: \_\_\_\_\_
15. Genitalia: \_\_\_\_\_
16. Back/Scoliosis: \_\_\_\_\_
17. Extremities: \_\_\_\_\_ Joints \_\_\_\_\_
18. Skin: \_\_\_\_\_
19. Lymph Nodes: \_\_\_\_\_
20. Nervous System: \_\_\_\_\_

**For the Examining Physician:**

Comment on any physical or emotional problem that may prevent the student from making a good adjustment to high school life in participating to athletics.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has the student been your patient? \_\_\_\_\_

**Recommendation/s:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Medical Examiner  
License No. \_\_\_\_\_  
Date of Examination: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_