

PHILIPPINE SCIENCE HIGH SCHOOL SYSTEM
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:

