

SOMERSET BERKLEY REGIONAL HIGH SCHOOL PHYSICAL EXAMINATION

Student's Name _____ Grade _____ DOB _____

Ht. _____ Wt. _____ BMI _____ BP _____ Pulse _____

Date of Physical _____ Normal Abnormal Findings

Cardiopulmonary:

Heart	_____	_____
Pulses	_____	_____
Lungs	_____	_____

Skin:

_____	_____
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Abdominal:

_____	_____
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Genitalia:

_____	_____
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Musculoskeletal:

Neck	_____	_____
Shoulder	_____	_____
Elbow	_____	_____
Wrist	_____	_____
Hand	_____	_____
Back (incl. scoliosis)	_____	_____
Knee	_____	_____
Ankle	_____	_____
Foot	_____	_____

Neuro:

_____	_____
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Other:

Medications: Y N Name of meds., dosage, and frequency _____

Allergies: Y N If yes, please describe: _____

Immunizations/Boosters: (give exact dates)

Td/Tdap _____	Hep A #1 _____	Hep A #2 _____
HPV #1 _____	HPV #2 _____	HVP #3 _____
Meningococcal #1 _____	Meningococcal #2 _____	
Varicella #1 _____	Varicella #2 _____	Hx of Varicella Disease _____

Significant findings: _____

Medication or treatment orders to be carried out at school: _____

Sports Clearance: A.) Cleared _____ B.) Not Cleared _____ C.) Cleared after _____

Name of Physician and Practice (Print clearly) _____

Signature of Physician _____

Date of Signature _____