

CULVER COMMUNITY SCHOOLS CORPORATION
STUDENT PHYSICAL EXAMINATION
(To be completed by your physician)

Child's Name _____

Physician's Examination

Height _____ Weight _____ Blood Pressure _____ Pulse _____

Allergies _____

Nutrition _____ Dentition _____

Eyes _____ Vision Rt. 20/ _____ Lt. 20/ _____

Ears _____ Hearing _____

Nose _____ Abdomen _____

Throat _____ Hernia _____

Glands _____ Skin _____

Heart _____ Reflexes _____

Lungs _____ Posture _____

Significant Medical History _____

Can this child participate in P.E. Activities? _____ List any restrictions _____

Immunizations given today _____

Physician's Signature _____ Date _____