

# South Harrison Elementary School District

## PERSONNEL PHYSICAL EXAMINATION

DATE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NAME: \_\_\_\_\_  
*Last First M*

### EXAMINATION

Blood Pressure	_____	Is this normal for individual?	_____
Heart Rate	_____	Is this normal for individual?	_____
Lungs	_____	Is this normal for individual?	_____
Eyes:	Right _____	Left _____	Abdomen _____
Ears (Otosopic)	_____		Hernia _____
Lymph Nodes	_____		Orthopedic _____
Thyroid	_____		Posture _____
Nose	_____		Feet _____
Mouth	_____	Skin (Noncomm.)	_____
Nervous Disorder	_____	Reflexes	_____
Deformities	_____	Allergies	_____
Height	_____	Weight	_____
General Health	Good ( )	Fair ( )	Poor ( )

### TESTS

Urinalysis (if indicated) \_\_\_\_\_

Hemoglobin (if indicated) \_\_\_\_\_

Remarks and Recommendations \_\_\_\_\_

\_\_\_\_\_  
Signature of Examining Physician

\_\_\_\_\_  
Date

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_