

South Hunterdon Regional School District
Student Physical Exam Form

Lambertville ___ West Amwell ___
Type of physical: Kindergarten ___ New Student ___ Grade ___

Student Name _____ DOB _____ Grade _____

Date of physical exam _____ Height _____ Weight _____ BP _____

Vision: Right eye _____ Hearing: Right ear _____
Left eye _____ Left ear _____

Eyes: _____ Ears: _____

Nose: _____ Throat: _____

Teeth/Mouth: _____ Speech: _____

Heart: _____ Lungs: _____

Abdomen: _____ Lymph Glands: _____

Nervous system: _____ Orthopedic:
Structural:

Nutrition: _____ Posture:

Skin: _____ Feet:

Hernia: _____

Nails: _____

Allergies or health conditions: _____

Immunizations given today: _____

Please attach a complete record of immunizations

Office Stamp

Physician's Signature _____