

Klamath Falls Adventist Christian School

PHYSICAL EXAMINATION—Grades 1-8 only *(To be completed by the family physician)*

Height: _____ Weight: _____ Blood Pressure: _____

	Normal	Abnormal	Not Examine	Explain Abnormalities
Eyes, Vision, Glasses				
Ears, Hearing				
Nose and Throat				
Mouth, Teeth, Speech				
Glands				
Chest, Lungs				
Cardiovascular, Heart				
Abdomen, enlargement				
Abdomen, tenderness				
Abdomen, hernia				
Spine, Back				
Scoliosis				
Posture				
Extremities				
Genitourinary				
Nervous System, Reflexes				

Nutritional Status and General Appearance of the Child / Youth: _____

This student may participate in normal physical education program which includes such activities as running, jumping and tumbling. Yes ____, No ____. If No, please explain: _____

Physician's Printed Name

Physician's Signature

Date

Address – (Street, City, State & Zip)