



# Springs Baptist Academy

## Physical Examination Form

STUDENT NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

FATHERS NAME: \_\_\_\_\_

MOTHERS NAME: \_\_\_\_\_

Student Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Physical Findings:

Skin: \_\_\_\_\_

Any significant illnesses, accidents, allergies, operation, congenital, family history, etc.

Eyes: \_\_\_\_\_

Ears: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat: \_\_\_\_\_

Glands: \_\_\_\_\_

Are immunization records up-to-date?

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Can you determine any indication of learning disabilities?

Abdomen: \_\_\_\_\_

Extremities: \_\_\_\_\_

Vision: R: \_\_\_\_\_ L: \_\_\_\_\_

Hearing: R: \_\_\_\_\_ L: \_\_\_\_\_

B/P Reading: \_\_\_\_\_

Specific medical recommendations:

Height: \_\_\_\_\_ Feet \_\_\_\_\_ Inches

Back: \_\_\_\_\_

Scoliosis: \_\_\_\_\_

Other: \_\_\_\_\_

Examining Physician's Signature: \_\_\_\_\_

Date of Exam: \_\_\_\_\_