

## Shrewsbury Borough School Student Medical Examination Form

**(\*\*\*\*\*Please attach Student's Immunization Record)**

Student's

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ BP: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_

Hearing: \_\_\_\_\_ Vision: \_\_\_\_\_

	<b>NORMAL:</b>	<b>ABNORMAL: Please specify</b>
SKIN		
EYES		
EARS		
NOSE		
THROAT		
TEETH		
HEART		
LUNGS		
ABDOMEN		
NUTRITION		
LYMPH GLANDS		
THYROID		
NERVOUS SYSTEM		
GENITO-URINARY		
HERNIA		
ORTHOPEDIC		
SPEECH		

ALLERGIES: \_\_\_\_\_

IMMUNIZATIONS UPDATE: (Please attach Immunization Record): \_\_\_\_\_

Physician's Name: \_\_\_\_\_

MD Signature: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Physician's STAMP: