

Health Office

Student Medical Examination: To Be Completed by a Medical Doctor

Name: _____ Birth date: _____ Sex: M F
Last, First Month/ Day/ Year
Grade: _____

History

Allergies: _____

Current complaints: _____

Past History: _____

Current Medications: _____

Examination

Pulse: _____ B.P. _____ Temp: _____ Weight: _____ Height: _____					
	Normal	Abnormal		Normal	Abnormal
Growth & Nutrition			Cardiovascular		
Skin/Hair			Chest/ respiratory		
Head/Neck			Abdomen/Gastrointestinal		
Teeth			Orthopedic/Posture		
ENT			Nervous System		
Eyes			Urogenital		