

School Physical Examination Form

Student Information

Student Name

Date of Birth

Grade

School Name

Parent/Guardian Name

Contact Number

Medical History

Allergies

Current Medications

Past Illnesses / Surgeries

Additional Comments

Physical Examination

Height (cm)

Weight (kg)

Vision

Hearing

Blood Pressure

Pulse

Examiner's Comments

Physician Information

Physician's Name

Signature

Date
