

**TRAVER SCHOOL  
W3490 LINTON ROAD  
LAKE GENEVA, WI 535147  
(262) 248-4067**

**PHYSICAL EXAMINATION FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Allergies: \_\_\_\_\_

Hearing:                      Right \_\_\_\_\_                      Left \_\_\_\_\_

Ears:                              Right \_\_\_\_\_                      Left \_\_\_\_\_

Vision (Snellen):              Right \_\_\_\_\_                      Left \_\_\_\_\_

	Normal	Abnormal/Comment
<b>Nose</b>		
<b>Throat</b>		
<b>Scalp and Skin</b>		
<b>Heart</b>		
<b>Lungs</b>		
<b>Abdomen</b>		
<b>Posture</b>		
<b>Orthopedic and Feet</b>		
<b>Nervous System</b>		
<b>Nutrition</b>		
<b>Glands</b>		
<b>Thyroid</b>		

Any limitations to activities? (Specify) \_\_\_\_\_

On any medications? (List) \_\_\_\_\_

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

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date