

Falk School Physical Examination Report

Return this form to: Falk School Health Office.
4060 Allequippa Street, Pittsburgh, PA 15261

Student Name: _____ DOB: _____ Grade: _____

Health History: (use back of form if additional space is needed)

Physical Examination: Pulse: _____ Resp: _____ BP _____ / _____ Ht: _____ Wt: _____

Visual Acuity: O.D. _____ / _____ O.S. _____ / _____

	Normal	Abnormal	Not Examined	
General Appearance				Describe Findings
Skin				
Eyes				
Ears (canals & TMs)				
Nose, Mouth, Throat				
Teeth, Gingiva				
Neck, Thyroid				
Chest, (breasts)				
Lungs				
Heart				
Abdomen (hernia)				
Genitalia				
Joints, Muscles				
Posture, Gait				
Neurological				
Spine				

Tuberculin Test – Date: _____ Results: _____

Immunizations given at this time: _____

Should this child have any restrictions on play or physical education activities? ___NO ___YES
Explain:

Assessment:

Plan:

Date

Signature of Examiner

Date of Exam

Printed Name of Examiner