

GREATER JOHNSTOWN SCHOOL DISTRICT

JOHNSTOWN HIGH SCHOOL

1 Sir Bills Circle
Johnstown, NY 12095
Phone (518) 762-4661
Fax (518) 762-1489

Robert A. DeLilli
Superintendent of Schools

Warren Street School
Johnstown NY 12095
Phone 762-3715 Fax 762-8805

Patricia Kilburn
Director of Curriculum,
Testing and Personnel

PHYSICAL EXAMINATION RECORD

Name of Student _____ Grade _____

Address _____ Date of Birth _____

Height: _____ Weight: _____ Blood Pressure: _____ BMI: _____ WSC _____

Nutrition _____ Genito-Urinary _____

Tonsils _____

Thyroid _____ Heart _____

Teeth _____ Lungs _____

Nose/Sinuses _____ Hernia _____

Lymph Nodes _____ Nervous System _____

Orthopedic _____ Skin _____

Spine _____

Feet _____

Eyes: Right _____ Left _____ without correction

Right _____ Left _____ with correction

Ears: Right _____ Left _____

Allergies: _____

Medications: _____

Immunizations received during past year (please include dates given): _____

Recommendations for follow-up and/or modification of school program including physical activity restrictions: _____

Is this student medically cleared to participate in sports? YES _____ NO _____

Check here if entire exam is normal _____

DATE OF EXAM: _____

SIGNATURE OF HEALTH CARE PROVIDER: _____

Reviewed by Nurse (date & title): _____