

GREATER JOHNSTOWN SCHOOL DISTRICT

JOHNSTOWN HIGH SCHOOL

2 Wright Drive

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John S. Whelan
Superintendent of Schools

Johnstown High School
Johnstown NY 12095
Phone 762-4661 Fax 736-1489

Katherine A. Sullivan
Assistant Superintendent
For Curriculum & Instruction

PHYSICAL EXAMINATION RECORD

Name of Student _____ Grade _____

Address _____ Date of Birth _____

Height: _____ Weight: _____ Blood Pressure: _____

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 _____

DATE OF EXAM: _____

SIGNATURE OF HEALTH CARE PROVIDER: _____

Reviewed by Nurse (date & title): _____