

GREATER JOHNSTOWN SCHOOL DISTRICT

JOHNSTOWN HIGH SCHOOL

2 Wright Drive

Johnstown, NY 12095

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John S. Whelan
Superintendent of Schools

Knox Junior High School
Johnstown NY 12095
Phone 762-3711 Fax 762-2775

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): _____