

**PHYSICAL EXAMINATION**  
 LITTLETON PUBLIC SCHOOLS, Littleton, Colorado  
**TO BE COMPLETED BY DOCTOR**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Last First Middle*

HEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ GRADE: \_\_\_\_\_ B.P.: \_\_\_\_\_

**PLEASE CIRCLE OR FILL IN ITEMS NOTED BELOW**

BODY BUILD: Slender Average Overweight  
 VISION: R20/ Uncorrected? Glasses?  
 L20/ Corrected? Contacts?  
 HEARING: R. Normal? Diminished? Audiometer testing  
 L. Normal? Diminished? needed Yes? No?

**PLEASE CHECK AND ADD COMMENTS AS NEEDED**

	Normal	Abnormal	Comments
Eyes			
Ears			
Nose & Sinuses			
Throat & Teeth			
Neck & Thyroid			
Lungs & Chest			
Heart			
Abdomen			
Check for Hernia			
Genitalia if indicated			
Rectal if indicated			
Extremities			
Skin			
Neurologic			

Scoliosis Screening: \_\_\_\_\_ Rib Hump \_\_\_\_\_ High Scapula \_\_\_\_\_ High Pelvis \_\_\_\_\_  
 (between the ages of 12 and 15)

**CONCLUSIONS AND RECOMMENDATIONS**

General Health: \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Problems if other than "Good": \_\_\_\_\_

Recommendations for further study: \_\_\_\_\_

Preferential handling, seating, etc.: \_\_\_\_\_

Participation in: (check one of each) Regular Physical Education  Yes  No

Competitive Physical Education  Yes  No

Check here if you would like school personnel to call you to discuss any problems.

Phone No. \_\_\_\_\_ Signature \_\_\_\_\_ M.D. D.O.