

**SWEDESBORO-WOOLWICH SCHOOL DISTRICT**

*"A Community dedicated to inspiring life-long learners"*

15 Fredrick Boulevard

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**Kristin P. O'Neil, Ed. D**  
**Superintendent of Schools**

**Christopher J. DeStratis**  
**School Business Administrator**

**REPORT OF PHYSICAL EXAM TO BE FILLED OUT BY FAMILY PHYSICIAN**

NAME \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE \_\_\_\_\_

EARS (Otosopic) \_\_\_\_\_ EYES \_\_\_\_\_

NOSE \_\_\_\_\_ THROAT \_\_\_\_\_ TEETH-MOUTH \_\_\_\_\_

LYMPH GLANDS \_\_\_\_\_ THYROID \_\_\_\_\_

HEART \_\_\_\_\_ LUNGS \_\_\_\_\_

ABDOMEN \_\_\_\_\_ HERNIA \_\_\_\_\_

GENITO-URINARY \_\_\_\_\_

**ORTHOPEDIC**

STRUCTURAL \_\_\_\_\_

POSTURAL \_\_\_\_\_

SCOLIOSIS SCREENING \_\_\_\_\_

FEET \_\_\_\_\_

SKIN (Non-Communicable) \_\_\_\_\_

NUTRITION \_\_\_\_\_

NERVOUS SYSTEM \_\_\_\_\_

SPEECH

GENERAL APPEARANCE \_\_\_\_\_

OTHER \_\_\_\_\_

REMARKS & REFERRALS \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN'S ADDRESS

PLEASE RETURN THIS COMPLETED FORM TO THE NURSE'S OFFICE AT YOUR CHILD'S SCHOOL