

SWEDESBORO-WOOLWICH SCHOOL DISTRICT

"A Community dedicated to inspiring life-long learners"

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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