

STANDARD PHYSICAL EXAMINATION FORM

To be completed by a Licensed Physician Mandatory for Re-enrolling Students Entering Grade 6

me			Incoming Grade_		Age	Sex
ght (cm)Weight (kg)	Blood Pre	ssure	Vision: R	L	_ Both	Blood typeOPTIONAL
Please review the following areas:	Normal	Abnormal	DESCRIPTIO	N (Attach	additional	sheets if necessary)
I. Head, Eyes, Ears, Nose, Throat						
. Respiratory						
. Cardiovascular						
. Gastrointestinal						
. Hernia						
. Genitourinary						
. Musculoskeletal						
. Metabolic/Endocrine						
. Neurological/psychiatric						
0. Skin						
1. Mammary						
cent Vaccinations:						
eent Vaccinations: n ECG (12-lead resting electrocardi	iogram) is REQU range □ ful	IRED for re-en	rolling students ente	ering Grad	de 6. □ patholog	ical heart condition
eent Vaccinations: n ECG (12-lead resting electrocardinations): ECG within normal restings:	iogram) is REQU range □ fui (IIRED for re-en rther cardiologic (Please specify	rolling students ente	ering Grad red s.)	de 6. □ patholog (Ple	ease specify.)
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