

Edwards-Knox Central School

Office of the School Nurse

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Edwards, NY 13684

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Physician Exam Report

Student Name: _____ Date of Exam: _____

Date of Birth: _____ Age/Grade: _____

Physician: _____ Office Phone: _____

Address: _____

Please use the following medical code for Medical Examination

✓ Normal Findings & a description of abnormal findings

Height: _____

Nutrition: _____

Weight: _____ BMI: _____

Blood Pressure: _____

Eyes: _____

Pulse: _____

Ears (Otosopic): _____

Speech: _____

Nose: _____

Nervous System: _____

Lymph Nodes: _____

Scoliosis Screening: _____

Thyroid: _____

Other: _____

Tonsils: _____

Teeth: _____

Heart: _____

Lungs: _____

Hernia: _____

Abdomen: _____

Genito-Urinary: _____

Muscular-Skeletal: _____

Feet: _____

Skin (non-communicable): _____

Check here if updated
Immunization record is
attached.

Please return within
5 days Attention:
Melissa Brown, R. N.

Cleared for Sports: Yes / No

Restrictions? Yes / No

Comments: _____

Signature of Physician: _____ Date: _____