

RED BANK REGIONAL HIGH SCHOOL
101 Ridge Road
Little Silver, N.J. 07739

PHYSICAL EXAM FORM/NON-SPORTS

Student's Name _____ Date of Birth _____

Parent/Guardian _____ Telephone _____

Address _____

Skin _____ Normal _____ Abnormal-Specify _____

Eyes _____

Ears _____

Nose _____

Throat _____

Teeth _____

Heart _____

Lungs _____

Abdomen _____

Blood Pressure & Pulse _____

Nervous System _____

Hernia _____

Orthopedic Defects (Specify) _____

Height _____

Weight _____

Heart Murmur: Yes _____ No _____ Restriction Activity _____

Immunization Update: MMR _____ Tetanus/DT _____ Hepatitis B _____

Date of last TB Mantoux Test _____ Result _____

Physical Education Eligibility Yes _____ No _____ Restrictions _____

Physician's Name & Stamp (PLEASE PRINT)

Date of Exam _____

Physician's Signature