GREATER JOHNSTOWN SCHOOL DISTRICT

JOHNSTOWN HIGH SCHOOL
2 Wright Drive
Johnstown, NY 12095
Phone (518) 762-4661
Fax (518) 762-1489

John S. Whelan
Superintendent of Schools

Pleasant Avenue School
Johnstown NY 12095
Phone 762-8610 Fax 762-1217

Katherine A. Sullivan
Assistant Superintendent
For Curriculum & Instruction

PHYSICAL EXAMINATION RECORD

Name of Student ______________________ **Grade** ______________

Address ______________________ **Date of Birth** ______________

____

Height: __________ **Weight:** __________ **Blood Pressure:** __________

Nutrition __________ **Genito-Urinary** __________

Tonsils __________

Thyroid __________ **Heart** __________

Teeth __________ **Lungs** __________

Nose/Sinuses __________ **Hernia** __________

Lymph Nodes __________ **Nervous System** __________

Orthopedic __________ **Skin** __________
Spine __________
Feet __________

Eyes: Right __________ **Left** __________ **without correction**
Right __________ **Left** __________ **with correction**
Ears: Right __________ **Left** __________

Allergies: ______________________

Medications: ______________________

Immunizations received during past year (please include dates given): ______________________

____

Recommendations for follow-up and/or modification of school program including physical activity restrictions: ______________________

Is this student medically cleared to participate in sports? YES __________ **NO** __________

DATE OF EXAM: __________
SIGNATURE OF HEALTH CARE PROVIDER: ______________________

Reviewed by Nurse (date & title): ______________________