Student Health Physical Examination Form

Student Information

Name

Date of Birth

Student ID

Grade

Gender

Medical History

Please list any allergies, medications, or chronic illnesses:

Physical Examination

Height (cm)	Weight (kg)	Blood Pressure (mm Hg)	Pulse (bpm)	Vision (R/L)	Hearing

System Review

System	Normal	Abnormal	Comments
Skin	☐	☐	
Eyes/Ears/Nose/Throat	☐	☐	
Heart/Lungs	☐	☐	
Abdomen	☐	☐	

Musculoskeletal	☐	☐	
Neurological	☐	☐	

Physician's Remarks

Physician Name

Signature

Date