

Profile School  
691 Profile Road  
Bethlehem NH 03574  
603-823-7411  
Fax: 603-823-7490

Student Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

**Physical Assessment**

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_

Check (x) Each Line	Normal	Abnormal	Needs Follow Up	Not Examined
Skin/Scalp				
Nutrition				
Neuro & Musc				
Orthopedic & Spine				
Feet				
Eyes				
Ears				
Speech				
Nose, Throat, Mouth				
Teeth & Gums				
Glands				
Chest, Breast				
Heart, Lungs				
Abdomen				
Genitalia				

Comment: \_\_\_\_\_

Assessment of Physical Development:

Adolescent (11-18 years) Early: \_\_\_\_\_ Mid: \_\_\_\_\_ Late: \_\_\_\_\_

Impression of child's present state of health: \_\_\_\_\_

Recommendations: \_\_\_\_\_

Is the child capable of carrying a full program of school work including athletics and physical education?

Yes \_\_\_\_\_ No \_\_\_\_\_

PHYSICIAN'S SIGNATURE \_\_\_\_\_ DATE OF EXAM \_\_\_\_\_