

LITTLETON HIGH SCHOOL

PHYSICAL ASSESSMENT

NAME: _____ AGE: _____ WEIGHT: _____ HEIGHT: _____

VISION: L _____ R _____ BP _____ P _____ URINE: GLUCOSE _____ PROTEIN _____

DATE OF LAST TETANUS VACCINE: _____ \ _____ \ _____ TYPE OF VACCINE _____
 (BOOSTER REQUIRED IF LAST TETANUS WAS OVER 10 YEARS AGO)

Check (x) each line

	Normal	Abnormal	Needs Follow-up	Not Examined
Skin/Scalp				
Nutrition				
Neurological & Muscular				
Orthopedic & Spine				
Feet				
Eyes				
Nose/Throat/Mouth				
Teeth & Gums				
Glands inc. Thyroid				
Chest, Breasts				
Heart, Lungs				
Abdomen				
Genitalia				

SCOLIOSIS: YES _____ NO _____ REFERRAL NEEDED _____

ESTIMATE OF LEVEL OF MATURATION: (Tanner Scale: 1,2,3,4,5)
 ADOLESCENT (11 to 18 years) EARLY _____ MID _____ LATE _____

COMMENTS/RECOMMENDATIONS: _____

FOLLOW-UP: _____

IS THIS CHILD CAPABLE OF CARRYING A FULL PROGRAM OF SCHOOL INCLUDING
 ATHLETICS AND PHYSICAL EDUCATION? YES _____ NO _____

 PHYSICIAN'S SIGNATURE

 DATE OF EXAM