



Waldwick Seventh-day Adventist School

70 Wyckoff Avenue - Waldwick, New Jersey 07463

201-652-6078 | Fax: 201-652-4652 | www.wsdas.org

Ruth J. Nino, Principal

Physical Examination Form To be completed by a Health Care Provider

Student's Name (Print)

Birth Date

Grade

Street Address, City, State, Zip Code

Phone

Allergies: _____

Significant Illness, Accidents, Operations, Congenital Defects, Family History, Etc.:

Height: _____ Weight: _____ BMI: _____

Vision Exam: Check of corrective lenses

Pulse: _____ Resp: _____ B/P: _____

Right Eye: _____ Left Eye: _____

PHYSICAL	NORMAL	ABNORMAL	FOLLOW-UP/COMMENTS
SKIN			
EYES			
EARS			
NOSE			
THROAT			
MOUTH			
CARDIOVASCULAR			
RESPIRATORY			
GLANDS			
GASTROINTESTINAL			
GENITOURINARY			
NEUROLOGICAL			
MUSCULAR SKELETAL			
SCOLIOSIS SCREENING			
NUTRITIONAL STATUS			
MENTAL STATUS			

I certify that I have examined this student on (date) _____. On the basis of this examination, I have found no reason that would make it medically inadvisable for this student to participate in supervised athletic activities.

Health Care Provider's Signature

Health Care Provider's Name (Print)

Office Address, City, State, Zip Code

Office Phone Number