

**Tripoli Community School District  
Student Medical Exam**

\_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Child's Name

\_\_\_\_\_ Date of Exam \_\_\_\_\_  
Parent's Name

**Physical Examination**

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse: \_\_\_\_\_ Respiration: \_\_\_\_\_ BP: \_\_\_\_\_

Allergies \_\_\_\_\_ Heart \_\_\_\_\_

General Appearance \_\_\_\_\_ Chest and Lungs \_\_\_\_\_

Skin \_\_\_\_\_ Abdomen \_\_\_\_\_

Nose/Sinuses \_\_\_\_\_ Extremities \_\_\_\_\_

Eyes and Ears \_\_\_\_\_ Genitalia \_\_\_\_\_

Mouth and Throat \_\_\_\_\_ Reflexes \_\_\_\_\_

Tonsils/Glands \_\_\_\_\_ Coordination \_\_\_\_\_

Neck/Thyroid \_\_\_\_\_ Neurological \_\_\_\_\_

Skeletal Development/Scoliosis \_\_\_\_\_

**Diagnostic Procedures**

Urinalysis \_\_\_\_\_ Hemoglobin \_\_\_\_\_ (if indicated )

Immunization received at time of exam: \_\_\_\_\_  
\_\_\_\_\_

Conditions that would affect school performance: \_\_\_\_\_  
\_\_\_\_\_

Comments and/or recommendations: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Health Care Provider Signature

\_\_\_\_\_  
Address