

**BYRAM TOWNSHIP SCHOOLS
GRADE LEVEL PHYSICAL EXAMINATION**

Name _____ Exam Date _____ Age _____ Date of Birth _____
 Address _____ City/State/Zip _____ Home Phone _____
 School _____ Sport _____ Grade _____ Age _____
 Physician _____ Phone _____ Fax _____
 Address: _____ City/State/Zip _____

PHYSICIAN OR PROVIDER INFORMATION

Height _____ Weight _____ Blood Pressure _____ / _____ Pulse _____ bpm.
 Vision R 20/ _____ L 20/ _____ Corrected: Y/N Glasses: Y/N

	Normal	Abnormal Findings	Comments
Head/Neck			
Eyes /Sclera/Pupils			
Ears			
Nose/Mouth/Throat			
Heart: Murmurs/Rhythms			
Lungs: Auscultation/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment(inc.liver,spleen)			
Tanner Stage: Testes/Onset of Menses:			
Hernia	No	Yes/Possible	
Neck/Back/Spine: Range of Motion:			
Scoliosis:			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination: Romberg:			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			
Most recent Immunizations/Dates:			
Medications currently in use:			
Additional Observations:			

Print Name of Physician _____ Physician's/Provider's Signature _____