

THE PRINCETON DAY SCHOOL
ANNUAL PHYSICAL to be completed by physician
(An annual physical is required of each student)

Student's Name _____ Date of Birth _____ Sex _____ Grade _____

Date of Examination: _____ Height: _____ Weight: _____ lbs. B/P _____ Pulse _____

Vision Acuity: Contacts: Y/N Glasses: Y/N Hearing: 20 db HL
Right 20/ _____ Corrected to 20/ _____ Right 500 _____ 1000 _____ 2000 _____ 4000 _____
Left 20/ _____ Corrected to 20/ _____ Left 500 _____ 1000 _____ 2000 _____ 4000 _____

N = Normal

General	N	Lungs	N
Eyes	N	Abdomen	N
Ears	N	Hernia	Absent/NA
Nose	N	Skin	N
Throat	N	Neurologic	N
Teeth	N	Musculoskeletal	N
Neck	N	Scoliosis	Absent
Heart	N		
Murmur	Absent/Present		

Abnormal Findings: _____

Approved for full sports and physical education: Yes _____ No _____
Approved with the following restrictions: _____

Recommendations:

Physician Signature _____ Date: _____

The school physician has received the medical report from the student's medical home and it complies with the requirements of N.J.A.C. 6A:16-2.2 (h)5; and further, that the school physician's notification regarding the student's participation in athletics and signature is based solely on the medical examination and results submitted by the examining physician.
School Physician's Initial/Stamp: _____ Date _____