

**LAMONI COMMUNITY SCHOOL
GENERAL PHYSICAL FORM**

Student's Name _____ Date _____

Birthdate _____ Male _____ Female _____

Parent/Guardian Name _____

Family Physician _____ Phone # _____

Medications taken regularly _____

Physician's Exam:

Height _____ Weight _____ B/P _____

General Appearance _____

Posture _____ Nutritional Status _____

Ears: Right _____ Left _____

Heart Rate and Rhythm _____

Nose and Throat _____

Lungs _____

Abdomen _____ Skin _____

Genitals _____

Eyes: Right _____ Left _____

Urinalysis _____ Blood Count _____

Recommendations: _____

Physician's Signature _____ Date _____