



St. Benedict's Preparatory School

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Physical Examination

NAME _____ GRADE _____ AGE _____

IMMUNIZATIONS DATES

DPT _____
POLIO _____
MUMPS _____
HBV _____

IMMUNIZATIONS DATES

MEASELS _____
RUBELLA _____
TINE _____

GENERAL APPEARANCE _____

HEIGHT _____

WEIGHT _____ OVERWEIGHT _____ UNDERWEIGHT _____

EYES _____

TEETH _____

EARS _____

TONSILS _____

NOSE _____

THYROID _____

MOUTH _____

NECK (LYMPH NODES) _____

HEART _____

HERNIA _____

LUNGS _____

ABDOMEN SCARS _____

BLOOD PRESSURE _____

EXTREMITIES _____

PULSE _____

NERVOUS SYSTEM: EPILEPSY _____

ANY KNOWN ALLERGIES: _____

SIGNIFICANT MEDICAL CONDITIONS: _____

NECESSARY MEDICATIONS: _____

MAY TAKE PHYSICAL EDUCATION: YES _____ NO _____

MAY ENGAGE IN ATHLETICS: YES _____ NO _____

REMARKS:

DATE: _____

PHYSICIAN'S SIGNATURE

PLEASE PRINT NAME AND ADDRESS OR USE RUBBER STAMP: