

Republic of the Philippines
Department of Science and Technology
PHILIPPINE SCIENCE HIGH SCHOOL – MAIN CAMPUS
Agham Road, Diliman, Quezon City

Full Name of Student

PHYSICAL EXAMINATION FORM FOR FRESHMEN AND NEW STUDENT
(To be accomplished by the Family Physician)

- 1. Height _____ Weight _____
- 2. Age _____ Blood Pressure _____
- 3. Date of Birth _____
- 4. Eyes:

Visual Acuity w/o glasses

Distant Near

O.D. _____ _____

O.S. _____ _____

- 5. Ears:
- Canals R _____ L _____
- Drums R _____ L _____
- Hearing R _____ L _____

- 6. Nose: _____
- 7. Mouth and Throat
- Tonsils: Present _____ Out _____
- Teeth and Gums _____

- 8. Neck: _____
- 9. Chest/Lungs: _____
- 10. Breast: _____
- 11. Heart: _____
- 12. Pulse: _____
- 13. Abdomen: _____
- 14. Hernia: _____
- 15. Genitalia: _____
- 16. Back/Scoliosis: _____
- 17. Extremities: _____ Joints _____
- 18. Skin: _____
- 19. Lymph Nodes: _____
- 20. Nervous System: _____

For the Examining Physician:

Comment on any physical or emotional problem that may prevent the student from making a good adjustment to high school life in participating to athletics.

How long has the student been your patient? _____

Recommendation:

Medical Examiner
License No. _____

Address:

