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ARCHBISHOP DAMIANO SCHOOL

Making a difference in the lives of our students

PHYSICAL EXAMINATION 2021 – 2022

PATIENT NAME: _____ BIRTH DATE _____

HEIGHT: _____ WEIGHT: _____ BP: _____ / _____ PULSE: _____

VISION: R- 20/ _____ L- 20/ _____ BOTH- 20/ _____ CORRECTED? Y N HEARING: _____

SCOLIOSIS: Y N COMMENTS: _____

PLEASE INCLUDE COPY OF CURRENT IMMUNIZATION RECORD

	Normal	Abnormal	Comment
HEART			
Rhythm (Regular/Irregular)			
Murmur (supine)			
Murmur (standing)			
ENT			
Lungs			
Skin			
Abdominal			
Genitalia			
Musculoskeletal			
Neck			
Shoulder			
Elbow			
Wrist			
Hand			
Back Scoliosis?			
Knee			
Ankle			
Foot			
Dental			
Other			



Authorized Signature _____ Date: _____	Provider's Name (please print) _____ Address: _____ City/State/Zip _____ Phone _____	
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This Physical Examination is valid for one year from date administered