

Please return to Nurses’ office





1143 Delsea Drive • Westville, NJ 08093 • Phone: 856-812-6030 • Website: adsschool.org

**N3 Physical Examination 2025-2026**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_

Height:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight:\_\_\_\_\_\_\_\_\_\_\_\_\_ BP\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ Pulse\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vision: R-20/\_\_\_\_\_\_\_\_ L-20/\_\_\_\_\_\_\_\_ Both- 20/\_\_\_\_\_\_\_\_\_ Wears glasses?\_\_\_\_\_\_\_\_\_\_\_\_

Hearing concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Has this student been screened for scoliosis? Yes No Results:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PLEASE INCLUDE A COPY OF CURRENT IMMUNIZATION RECORD**



|  |  |  |  |
| --- | --- | --- | --- |
| Findings | Normal  | Abnormal | Comments |
| Cardiac |  |  |
|  Rhythm (Regular/Irregular) |  |  |
|  Murmur (supine) |  |  |
|  Murmur (standing) |  |  |
| Ears, Nose, Throat |  |  |
| Lungs |  |  |
| Skin |  |  |
| Abdominal |  |  |
| Genitalia |  |  |
| Musculoskeletal |  |  |
| * Neck
 |  |  |
| * Shoulders
 |  |  |
| * Elbows
 |  |  |
| * Wrists
 |  |  |
| * Hands
 |  |  |
| * **Back/ Scoliosis?**
 |  |  |
| * Knees
 |  |  |
| * Feet
 |  |  |
| Dental  |  |  |
| Other |  |  |

**Authorized Healthcare Provider signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Received\_\_\_\_\_\_\_\_ Scan to Realtime\_\_\_\_\_\_\_ Place in Immunization binder\_\_\_\_\_\_\_\_