

VOORHEES HIGH SCHOOL
Pre-Participation Physical Examination



Name: _____ Exam Date: _____ Age: _____ Date of Birth: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Grade: _____ Sex: _____ Sport: _____
 Physician: _____ Phone: _____ Fax: _____

PHYSICIAN or PROVIDER INFORMATION - PLEASE COMPLETE BOTH PAGES

Height: _____ Weight: _____ Blood Pressure: _____ / _____ Pulse: _____ bpm
 Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Contacts: Y / N Glasses: Y / N Hearing R _____ L _____

	Normal	Abnormal	Comments
Head / Neck			
Eyes / Sclera / Pupils			
Ears			
Nose / Mouth / Throat			
Heart: Murmurs / Rhythms			
Lungs: Auscultation / Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. liver, spleen)			
Tanner Stage: Tests / Onset of Menses:			
Hernia			
Neck / Back / Spine: Range of Motion:			
Scoliosis			
Upper Extremities			
Lower Extremities			
Neurological: Balance & Coordination:			
Romberg:			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			
Most recent or chronic Illness / Injuries:			
Last MMR:	L	ast tD:	Hep B #1: #2: #3:
Medications currently in use:			
Mantoux (New NJ residents only) Date Given:		R esults:	Date Read:
Additional Observations:			