



Parkview Adventist Academy
 4201 Martin Luther King Avenue
 Oklahoma City, OK 73111
 Phone: 405-427-6525
 Fax: 405-427-1154
 www.parkviewadventistacademy.org

STUDENT PHYSICAL EXAMINATION

Name _____ Date of Birth _____

Height _____ Weight _____ Blood Pressure _____

	Normal	Abnormal	Not Examined	Explain Abnormalities
Skin				
Eyes, Vision, Glasses				
Nose and Throat				
Mouth, Teeth, Speech				
Glands				
Chest, Lungs				
Cardiovascular, Heart				
Abdomen - Tenderness				
Abdomen - Hernia				
Spine, Back				
Scoliosis-Grade 7				
Posture				
Extremities				
Genitourinary				
Nervous System, Reflexes				

Nutrition status and general appearance of the child: _____

This student may participate in a normal physical education program which includes activities such as running, jumping, and tumbling. Yes No

 Physician's Signature

 Date

*New Students, Kindergarten, 1st, 4th, 7th, & 9th grades, and all sports participants.