Al-Manar Foundation Inc.
مؤسسة المنار
122 Schiller Street. Buffalo, NY 14206. Phone : 314-680-8292

# PHYSICAL EXAMINATION by Family Physician

**Child's name:** _____ DOB:_____Date of examination: _____

Significant Medical History:_____

_____

**Current Medical Status:** _____

Weight:_____Height:_____Pulse:_____Blood Pressure: _____Respiration:_____

Are these within normal limits for this patient? Yes _____ No_____

Allergies:_____ Current Medications: _____

**General Appearance**:

Skin:_____ Ears: _____ Eyes:_____ Nose:_____ Throat:_____

Teeth/Mouth: _____ Neck: _____ Lymph: _____ Thyroid: _____ Hernia_____

Abdomen: _____ Heart: _____ Lungs: _____ Orthopedic (Structural, Posture, Feet)___

Extremities:_____

**Are there any modifications needed for full participation in the school program,?** No___ Yes_____

Immunizations are up to date: No_____ Yes_____

Immunizations given at this visit:_____

Does the child have any vision problems? _____

Does the child have any hearing problems? _____

**Examining Physician's Name (Print):** _____

**Signature**:_____

Comments:_____

Office Address:_____

Telephone Number: _____