



**Parkview Adventist Academy**  
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## 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, 1<sup>st</sup>, 4<sup>th</sup>, 7<sup>th</sup>, & 9<sup>th</sup> grades, and all sports participants.