

FAMILY PHYSICIAN REPORT

Name: _____ D.O.B: _____

Height:	Weight:
Eyes:	Genito-Urinary:
Ears:	Urinalysis:
Nose:	Structural:
Teeth:	Orthopedic:
Tonsils:	Scoliosis:
Lymph Nodes:	Feet:
Lungs:	Thyroid:
Heart:	Skin:
Blood Pressure:	Epilepsy:
Abdomen:	Nervous System:
Hernia:	Speech:
Other:	Nutrition:
Is physical development appropriate to age? Yes: _____ No: _____	
Full physical activity? Yes: _____ No: _____	
If "No" for either above explain why: _____ _____	
Doctor's signature:	Date: