



MAS Integrated School, MASIS Inc.
PO Box 174
Añasco, Puerto Rico 00610

Physical Examination

This form must be completed by a doctor.

Student's name _____ Grade _____
(Last name, second last name, first name)

Age _____ Date of birth _____ ☐ Female ☐ Male
month/day/year

Weight _____ Height _____ Vision _____ Head _____ Ears _____

Nose _____ Throat _____ Neck _____

Thoracic: Heart _____ B/P _____ Pulse _____ Lungs _____

Genitals: _____ Menstruation: _____

Abdomen: _____ Extremities: _____

General Neurologic: _____

Impressions or recommendations: _____

HEALTH HISTORY OF THE STUDENT

Epilepsy	☐ yes	☐ no	Diabetes	☐ yes	☐ no
Hypertension	☐ yes	☐ no	Ulcers	☐ yes	☐ no
Nervousness	☐ yes	☐ no	Kidney problems	☐ yes	☐ no
Headache/Migraine	☐ yes	☐ no	Heart Disease	☐ yes	☐ no
Asthma	☐ yes	☐ no			
Other Conditions:	☐ yes	☐ no	Explain:	_____	

Allergies:

Comments: _____

Doctor's name (Print)

License #

Signature

Date

 www.masispr.org

 787-826-8822

 787-826-8026

 masinfo@masispr.org

MAS Integrated School, MASIS, no discrimina de ninguna manera por razón de edad, raza, color, sexo, nacimiento, condición de veterano, ideología política o religiosa, origen o condición social, orientación sexual o identidad de género, discapacidad o impedimento físico o mental; ni por ser víctima de violencia doméstica, agresión sexual o acecho.

Administrator Food and Nutrition Services U.S. D.A. 1400 Independence Avenue, SW Washington DC 20250-9410

REV. June 2021/ MAS