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