



MAS Integrated School, MASIS Inc.  
4524 Bianca's Convention Center Suite #5  
Añasco, Puerto Rico 00610-9684

### 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	<input type="checkbox"/> yes	<input type="checkbox"/> no	Diabetes	<input type="checkbox"/> yes	<input type="checkbox"/> no
Hypertension	<input type="checkbox"/> yes	<input type="checkbox"/> no	Ulcers	<input type="checkbox"/> yes	<input type="checkbox"/> no
Nervousness	<input type="checkbox"/> yes	<input type="checkbox"/> no	Kidney problems	<input type="checkbox"/> yes	<input type="checkbox"/> no
Headache/Migraine	<input type="checkbox"/> yes	<input type="checkbox"/> no	Heart Disease	<input type="checkbox"/> yes	<input type="checkbox"/> no
Asthma	<input type="checkbox"/> yes	<input type="checkbox"/> no			
Other Conditions:	<input type="checkbox"/> yes	<input type="checkbox"/> no	Explain: _____		

Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
Doctor's name (Print)

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date