



MAS Integrated School, MASIS Inc.
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Añasco, Puerto Rico 00610-9684
Web site: www.masispr.org
Tel/Fax: 787-826-8822/ 787-826-8026

Physical Examination
(This Form must be completed by a Doctor)

Student's name _____ Grade _____
(Last name, Second last name, Full name)

Age _____ Date Of Birth _____ Female _____ Masculine _____
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 _____

REV. April 2014
M. Avilés- School Director