



590 North Gulph Road
 King of Prussia, PA 19406
 Office: 844-402-4672, ext. 8
 Fax: 484-588-0544 or
 484-588-4477

Physical Exam and Screening Report

***Date of Exam _____

Student name	Last	First	M.I.	Agora Student ID#
Age	Date of Birth	Gender (Circle) M or F	Phone Number	
Student Address	Number & Street	City	State	Zip Code

Significant Medical Conditions

	YES	NO	If YES, please explain (continue on back as needed)	Medications
Allergies				
Asthma				
Cardiac				
Diabetes Mellitus				
Drug/Alcohol Use				
GI Disorder				
Hearing Disorder				
Hypertension				
Neuromuscular Disorder				
Orthopedic Condition				
Respiratory Illness				
Seizure Disorder				
Skin Disorder				
Vision Disorder				
Other (specify)				

Report of Physical Exam/Screening

Findings	WNL	ONL	Referrals/Comments
Height (inches)			
Weight (pounds)			
Vital Signs			
Hair/Scalp			
Skin			
Eyes: Visual Acuity (Near) R L			
Visual Acuity (Far) R L			
Color Discrimination Pass Fail			
Depth Perception Pass Fail			
Convex Lens Pass Fail			
Ears: Audiometry R: Pass Fail L: Pass Fail			
ENT			
Teeth & Gingiva			
Lymph Glands			
Lungs			
Abdomen			
Genitourinary (PCP's discretion)			
Neuromuscular			
Extremities			
Spine (Presence of Scoliosis)			

Date of Examination _____

Signature of Examiner _____

Print Name of Examiner _____

*****Please attach copy of current Immunization Record*****

Office Stamp or Address and Phone Number