

FORESTA RINCON  
Road 115 K.M. 9.0 Interior  
Rincon, Puerto Rico 00677

Phone: (787) 438-7368

### Physical Examination

**(This form must be completed by a doctor)**

Student Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday (month, day, year): \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Vision: \_\_\_\_\_ Head: \_\_\_\_\_ Ears: \_\_\_\_\_

Heart: \_\_\_\_\_ BP: \_\_\_\_\_ Pulse: \_\_\_\_\_ Lungs: \_\_\_\_\_

Head Lice: \_\_\_\_\_ Menstruating: \_\_\_\_\_ Abdomen: \_\_\_\_\_

General Neurologic: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Other Observations: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Doctors Name

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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