

FAMILY PHYSICIAN'S REPORT OF PHYSICAL EXAMINATIONS

Name _____ Birth Date _____
School _____
Grade _____

PHYSICAL EXAMINATION IMMUNIZATIONS & TESTS DATE _____

Height _____ Weight _____ Small Pox _____ Result _____

Eyes _____ Vision _____ Tuberculin Test _____

Ears _____ (Required) Result _____

Nose _____ Chest X-ray Result _____

Teeth: Temporary _____ DPT Booster _____

Permanent _____ Polio Vaccine-Sabin _____

Number _____

Tonsils _____ Salk Number _____

Nutrition _____ Latest Booster Type _____

Number _____

Measles Vaccine _____ Mumps Vaccine _____

German Measles Vaccine _____

Glands (specify)

Heart

Lungs

Orthopedic

Skin

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(Continued)

Hernia

Nervous System (specify, if epilepsy)

Speech

Remarks or special instructions: Previous Diseases and Operations:

Is this child capable of carrying a full program of school work including gymnastics and athletics? Yes _____ No _____

Must the school program be modified to meet the needs of this child?

	Yes _____	No _____
By restriction of use of stairs?	Yes _____	No _____
By special seating accommodations?	Yes _____	No _____
Other (specify)	Yes _____	No _____

Date of examination:

Examining Physician:

