

# PRIVATE PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

NAME OF SCHOOL Valley Christian School

DATE \_\_\_\_\_

<b>NAME OF CHILD</b>			<b>AGE</b>	<b>GRADE</b>	<b>SEX (CIRCLE ONE)</b>	<b>HEIGHT</b>	<b>WEIGHT</b>
LAST	FIRST	MIDDLE			M    F	INS.	LBS.
<b>ADDRESS</b>							
NO. AND STREET		CITY OR POST OFFICE	BOROUGH OR TOWNSHIP		COUNTY	STATE	ZIP

**IMMUNIZATION STATUS:** (Give Date of Last Booster and Last TB Test)

	Yes	BASIC (Date)	No	BOOSTER (Date)	POLIO VACCINE	ORAL (Date)	SALK (Date)
TRIPLE ANTIGEN (DPT)					TYPE I		
DTAP					TYPE II		
DIPHtheria TOXOID					TYPE III		
TETANUS TOXOID					BOOSTER		

MMR #1 \_\_\_\_\_, #2 \_\_\_\_\_

HEPATITIS B (DATES) #1 \_\_\_\_\_, #2 \_\_\_\_\_, #3 \_\_\_\_\_

MEASLES VACCINE Type \_\_\_\_\_ Date \_\_\_\_\_

VARIVAX #1 \_\_\_\_\_, #2 \_\_\_\_\_

PREVNAR \_\_\_\_\_

TUBERCULIN TEST – Type \_\_\_\_\_, Date \_\_\_\_\_, Result \_\_\_\_\_

MENACTA \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

**MEDICAL HISTORY:** (Give significant details, including serious illness, allergies, operations, accidents, etc.)

**REPORT OF EXAMINATION:** (Elaborate below on *positive* findings)

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
GENERAL NUTRITION			GLANDS			SKELETON		
SKIN			HEART			POSTURE		
EYES			LUNGS			EMOTIONAL STATUS		
EARS			ABDOMEN			HEARING		
NOSE AND THROAT			GENITALIA (MALE)			SCOLIOSIS (Bending Position)		
TEETH AND GINGIVA			NEURO MUSCULAR SYSTEM					

BLOOD PRESSURE \_\_\_\_\_

VISION:    R 20/        L 20/        + LENS  
Wears corrective lens    Yes \_\_\_\_\_    No \_\_\_\_\_

Is the child under treatment?    Yes \_\_\_\_\_    No \_\_\_\_\_

Should this child have restrictions on play or physical education activities?    Recommendations:

What other recommendations do you wish to make to teacher of school nurse which might be of benefit to this child from the point of view of either physical or mental hygiene?

SIGNATURE OF EXAMINING PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_