

Dr. Frank Ranelli
Superintendent of Schools
Deborah I. Dawson, Psy.D.
Supervisor of K-8 Counseling and Health Services

PHYSICAL EXAMINATION FORM

Pupil's Name _____ Birthdate _____

School _____ Grade _____

Immunizations DTP _____ DT _____ Td _____ Tdap _____

Polio _____ Meningococcal _____

MMR _____ MMR _____ Hep B _____ Heb B _____ Hep B _____

Varicella _____ HIB _____ PCV _____

Pneumococcal Conjugate _____ Influenza _____

Mantoux Tuberculin Skin Test: Date Administered _____ Date Read _____ Results _____ mm

Last Lead Test _____ Lead Test Results _____

Height _____ Weight _____ Blood Pressure _____ Hearing _____ Vision _____

Nutrition _____ Skin _____ Head _____ Eyes _____ Ears _____ Nose _____

Oral (Teeth/Gums) _____ Throat _____ Neck _____ Heart _____ Lungs _____

Abdomen/Hernia _____ Genitalia _____ Extremities _____ Orthopedic _____

Scoliosis _____ Remarks _____ Neurological _____ CBC _____ Urinalysis _____

History of Illness/Injury _____

Medication _____

Participation in Physical Education/Sports/Activities _____

Remarks/Impressions/Summary _____

Physician's Signature _____

Date of Exam _____

