

REPORT OF PHYSICAL EXAMINATION FOR CHILDREN ATTENDING SAINT ROSE OF LIMA ACADEMY
KINDERGARTEN AND THIRD GRADES

ON _____ I _____ EXAMINED THE FOLLOWING PUPIL:
 NAME _____ (PRINT NAME OF PHYSICIAN)
 (LAST) (FIRST) BIRTH DATE _____

HEIGHT	PERCENTILE	MEDICAL HISTORY:
WEIGHT	PERCENTILE	OPERATIONS DATE
BLOOD PRESSURE		INJURIES DATE
EARS (OTOSCOPIC)		DISABILITES
EYES		ALLERGIES
LYMPH GLANDS		CONGENITAL DEFECTS
THYROID		DRUG SENSITIVITIES
NOSE		HEPATITIS
THROAT		NEUROMUSCULAR DISEASE
TEETH/MOUTH		ASTHMA
HEART		CONVULSIVE DISORDER
LUNGS		DIABETES
ABDOMEN		HEART DISEASE
HERNIA		OTITIS MEDIA
GENITO-URINARY		RHEUMATIC FEVER
ORTHOPEDIC: FEET		STREP INFECTIONS
POSTURE		MONONUCLEOSIS
STRUCTURE		IMMUNIZATION RECORD: MONTH, DAY, YEAR
SCOLIOSIS		DPT SERIES: 1 ST 2 ND 3 RD
SKIN (NONCOMMUNICABLE)		BOOSTERS
NUTRITION		POLIO VACCINE: (ORAL) TYPE
NERVOUS SYSTEM		1 ST 2 ND 3 RD
SPEECH		BOOSTERS
GENERAL APPERANCE		MEASLES VACCINE: 1 ST 2 ND
VISION: RIGHT LEFT		RUBELLA VACCINE
HEARING: RIGHT LEFT		MUMPS VACCINE
SHOULD THE STUDENT'S PARTICIPATION IN SPORTS BE LIMITED? _____ IF YES, EXPLAIN:		CHICKEN POX VACCINE
		HEP. B: 1 ST 2 ND 3 RD
		HIB: 1 ST 2 ND 3 RD 4 TH
		*TB: <u>MANTOUX TEST ONLY</u> * DATE RESULTS
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IF THE STUDENT IS ON ANY MEDICATION, SPECIFY TYPE AND DOSAGE:

 (PHYSICIAN SIGNATURE) (DATE)

 (ADDRESS) (PHONE)