

WESTHILL CENTRAL SCHOOL DISTRICT

Dear Parents,

A physical examination is required for all children entering school in New York State, and then routinely for all children in grades K, 2, 4, 7, and 10. Parents are encouraged to have this examination completed by their family physician. Your own family physician best knows the family, and is better able to judge any change or deviation in the child's state of health.

Any recommendations can then be discussed directly with the parents during the examination. We hope that in time all families will follow this procedure.

The school physician will continue health appraisals on children not seen by their own physician. Please return this form to the school health office by November 1st.

Thank You, School Nurse

THE FORM BELOW IS TO BE COMPLETED BY THE PHYSICIAN

PHYSICAL EXAMINATION RECORD

Name: _____ Date: _____ Age: _____ Birthdate: _____

Vision: R _____ / _____, corrected: _____, uncorrected: _____ Hearing: R _____ L _____
 L _____ / _____, corrected: _____, uncorrected: _____

Pulse: _____ Blood Pressue: _____ Urine: Protein _____ Glucose _____

	NORMAL	ABNORMAL
Eyes		
Ears		
Lymph Nodes		
Thyroid		
Nose		
Tonsils		
Teeth		
Heart		
Lungs		
Hernia		
Genito - Urinary Structural		
Orthopedic - Scoliosis Feet		
Skin (non-communicable)		
Nervous System		
Speech		
Nutrition		

PMH:
Meds:
Allergies:
General Recommendations:

BMI:	%
Height:	%
Weight:	%

Comments Regarding Abnormal Findings:
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Recommendation for physical activity in school:

- Full physical activity
 - Modified physical activity
- REASON: _____

IMMUNIZATIONS <input type="checkbox"/> Attached						
	DATE	DATE	DATE	DATE	DATE	DATE
Polio						
Measles						
Rubella						
Mumps						
DTaP						
Hepatitis B						
Tetanus						
HIB						
Varicella						
Other						

M.D. Signature: _____ Date: _____