

ANNUAL PHYSICAL EXAMINATION - PLEASE RETURN TO SCHOOL BEFORE OCTOBER 1st

Name _____ DOB _____ School _____ Grade _____ Teacher _____

Immunization Dates With In Past Year – Attach Titer documentation if necessary

MMR _____	DT /Td _____	Varicella _____	Polio Oral _____	Hepatitis B _____
Measles Vaccine _____	DPT/DTaP _____	HIB _____	Polio IPV _____	Hepatitis A _____
Mumps Vaccine _____	Tdap _____	Pneumococcal _____		
Rubella Vaccine _____	Other: _____	HPV _____		

Any Serious Illness, Injuries, & Disease (i.e. chicken pox)
Surgeries (*Please specify dates*):

Mantoux Test Date _____ Positive _____ mm Negative _____ mm

Chest X-ray Date _____ Positive _____ Negative _____

Hemoglobin Date _____ Count _____

Sugar Albumin Microscope

Urinalysis - Date _____

PHYSICAL EXAMINATION – Check the following when abnormal and describe below.

Vision OD _____ OS _____	Hearing R _____ L _____	Genitourinary _____	Heart _____	Pulse _____
Neuro _____	Orthopedic _____	Hernia _____	Lungs _____	BP _____
EENT _____	Abdomen _____	Speech _____	Skin _____	

Tanner: (*please circle*) I. II. III. IV. V.

Weight _____ (lbs) ÷ Height _____ (in) ÷ Height _____ (in) x by 703 = BMI _____

Weight Status Category (*check one*): () less than 5th () 5th to 49th () 50th to 84th () 85th to 94th () 95th to 98th () 99th and higher

Scoliosis: () negative () positive: _____ Other (i.e. Asthma, Diabetes, Seizures) _____

Allergies: No () Yes () Specify _____ Does the child take any medication? No () Yes () Specify _____

Does the child wear glasses/contact lens? No () Yes () Hearing aid? No () Yes () Braces/Appliances? No () Yes ()

Treatment Advised _____

Recommendations that might assist school personnel _____

Can this child participate in full physical activities? Yes () No () Specify _____

Date of Exam _____ Examiner's Signature _____ Address _____ Telephone _____

****PHYSICIAN'S SIGNATURE AND OFFICE STAMP MUST BE PRESENT****

**ELMONT UNION FREE SCHOOL DISTRICT
ELMONT, NEW YORK**

Dear Parents:

Upon advise and consultation with local and state authorities, the Board of Education of Elmont Union Free School District School District feels that the welfare of your child can best be served if his/her annual physical examination is performed by your family physician.

The physical well being of your child bears an important relation to his/her progress and happiness in school.

The school physician cannot make as thorough an examination as can your family physician who is more familiar with your child's history and environment. If medical care is needed, your physician can arrange for immediate treatment, and he will also give your child any necessary immunizations. We urge that your private physician examine your child and fill out the form on the reverse side.

The New York State Education Law requires that every child have an annual physical examination as a new entrant, and in grade 2 and grade 4.

If this form is not returned by October 1st, your child will be scheduled for a brief medical appraisal by the school physician.

Sincerely yours,
Superintendent of Schools

Dear Doctor:

It is only through a careful and complete health examination that we are able to identify and then follow up on matters that are likely to interfere with the total development of each child in school.

We are desirous of having the most up-to-date information possible on the patient presenting this form.

Your cooperation in responding to each item and your recommendation based on your findings and knowledge of the patient will be greatly appreciated.

Sincerely yours,
Superintendent of Schools

SHS 21 – 12/07