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 IVP_____ Hepatitis B_____
Measles Vaccine_____ DPT/DTaP_____ HIB_____ Flu_____ 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 – Record findings when abnormal and describe below.

Circle: Tested with glasses or without glasses

Vision OD _____ OS_____ Hearing R ❑20db or_____ L ❑20db or_____ Genitourinary _____ Heart_____ Pulse _____
Neuro _____ Orthopedic _____ Hernia_____ Lungs_____ BP _____
EENT _____ Abdomen _____ Speech_____ Skin _____ Other_____

Tanner: *(please circle)* I. II. III. IV. V. ❑ Asthma ❑Diabetes 1 ❑Diabetes 2 ❑Seizures ❑Hypertension ❑Hyperlipidemia

Weight _____(lbs) Height _____(in) BMI _____

Weight Status Category:

❑ less than 5th	❑ 5th - 49th	❑ 50th - 84th
❑ 85th - 94th	❑ 95th - 98th	❑ 99th and higher

Scoliosis: ❑ negative ❑ positive: _____

Allergies: ❑No ❑Yes ❑ Specify_____ **Life Threatening:** ❑No ❑Yes

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

Can this child participate in full physical activities? ❑Yes ❑No Specify_____

Recommendations that might assist school personnel_____

Treatment Advised_____

Date of Exam_____ ****PHYSICIAN'S SIGNATURE AND OFFICE STAMP MUST BE PRESENT****

Examiner's Signature_____

Telephone_____

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 perform 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 requesting the most up-to-date information as possible be documented on this form.

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

Sincerely yours,
Superintendent of Schools

SHS 21 – 2/10. 9/10