

ROCHELLE PARK SCHOOL DISTRICT

Physical Examination Form

Student's Name _____ Grade/HR _____ Gender M F

Date of Birth _____ Age _____

IMMUNIZATION, BOOSTER, & TEST DATES

Immunization Record Attached

DPT _____

Tdap Booster _____

Tetanus Booster _____

Polio Vaccine _____

MMR _____

Measles _____

Mumps _____

Rubella _____

HIB _____

Hep. B _____

Varicella Vaccine _____

Pneumococcal _____

Meningitis _____

Hep A _____

HPV _____

Other _____

DISEASE HISTORY

Allergies _____

Asthma _____

Chickenpox _____

Meningitis _____

Tonsillitis _____

Strep Throat _____

Mononucleosis _____

Otitis Media _____

Measles _____

German Measles _____

Rubella _____

Mumps _____

Scarlet Fever _____

Pneumonia _____

Rheumatic Fever _____

Tuberculosis _____

Any chronic illness _____

Emotional or Psychological Problems? _____

Surgeries (Operations) _____

Current Medications _____

PHYSICAL EXAMINATION

DATE OF EXAM _____

Height _____ Weight _____ Blood Pressure _____

General Appearance _____

Skin _____

Eyes _____

Ears _____

Nose _____

Mouth _____

Throat _____

Glands _____

Heart _____

Hernia (males) _____

Lungs _____

Abdomen _____

Orthopedic _____

Posture _____

Spine (SCOLIOSIS) _____

Feet & Limbs _____

TESTS/SCREENINGS

TB Screening: Mantoux _____ Result _____

Hgb/Hct _____

Urinalysis _____

Lead _____

VISION SCREENING

Without Glasses R 20/ _____ L 20/ _____

With Glasses R 20/ _____ L 20/ _____

Muscle Balance _____

Color Perception _____

HEARING SCREENING

Audiometric R _____ L _____

SPEECH: _____

COMMENTS: _____

Physician's Signature

Date

Please stamp form with Physician's office stamp.