



PHYSICIAN REPORT

Student Name: _____

Date: _____ **Student's Grade:** K 1 2 3 4 5 6 7 8

IMMUNIZATIONS

	Date	Date	Date	Date	Date
DTP					
Td					
Polio Sabin (Tri)					
MMR					
Hep. B					
Varivax					
Hib					
Other					

SCREENING TEST

	Date	Results			
Muscle Balance					
Farsightedness					
Color					
Distance Acuity		Right		Left	
HEARING					
TUBERCULIN	Date	Test	Result		

PHYSICAL ASSESSMENT

Entirely within normal limits

Abnormalities as follows;

Is there anything about your child that the teacher needs to know to understand him/her better?

List diseases and other serious illnesses, injuries, or health conditions that your child has had and give dates (year only):

Does any relative in the home have tuberculosis, diabetes or other illnesses? Describe:

Is there any reason why the student cannot carry out a full program of school work?

Yes No

Date: _____

Signature of Examining Physician _____