TABERNACLE TOWNSHIP SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM ***TO BE COMPLETED BY PHYSICIAN***

Name of Student:				Gender: M	F		
Date of Birth:	Name of	Parent/Guardian:					
Address:		Telephone #:					
	Immunization Record and Dates						
	1	2	3	Booster			
DPT:							
Polio:							
Measles:							
Mumps:							
Rubella:							
MMR:							
HIB:							
Varicella:							
	Dise	ase History (Type and	Year)				
Allergies:			Insect Sting	gs:			
Drug Sensitivities:							
Lyme Disease::							
Asthma:							
Hepatitis:							
Diabetes:							
Neuromuscular Disease:							
Congenital Defects:							
Heart Disease:							
Convulsive Disorder:							
Otitis Media:							
Pulmonary:							
Rheumatic Fever:							
Streptococcal Infection:							
Other:							

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Operations or Injuries - Year				
<u>Communicable Diseases - Dates</u>				
Chicken Pox:		Other:		
	Health 1	Examination		
Vision: Without glasses:	Rt. Eye:	Lt. Eye:		
With glasses:	Rt. Eye:	Lt. Eye:		
Hearing:				
Height:		Weight:		
Blood Pressure:				
Urinalysis:				
HEENT:		Orthopedic-Structures:		
Teeth-Mouth:		Posture:		
Lymph Glands:		Feet:		
Thyroid:		Extremities:		
Heart:		Skin:		
Lungs:		Nutrition:		
Abdomen:		Nervous System:		
Hernia:		Speech:		
		Other:		
Genitalia:		General Appearance:		
Recommendations:				
Examining Physician:	(Please Print)	Date:		
	,			
Physician Signature:				