

MILFORD SCHOOL DISTRICT

PHYSICIAN'S REPORT OF ROUTINE PHYSICAL EXAMINATION

Name: _____ Birth Date: _____

School: _____ Grade: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Hemoglobin: _____

Eyes: _____ Vision: _____ Glands: (specify) _____

Ears: _____ Hearing: _____ Heart: _____

Nose: _____ Blood Pressure: _____ Lungs: _____

Teeth: Temporary _____ Orthopedic: _____

Permanent _____ Skin: _____

Tonsils: _____ Hernia: _____

Nutrition: _____ Nervous System: _____

(Specify if Epilepsy) _____

IMMUNIZATIONS AND TESTS

	DATES				
	1	2	3	4	5
DTP/DT/DTaP/Td/Tdap					
POLIO					
MMR (Measles/Mumps/Rubella)					
VARICELLA (Chicken pox)					
HEPATITIS B					
HIB – Required for under age 5					
Exempt per RSA 200:32:					

Recommendations and/or special instructions: Previous Diseases and Operations, Allergies, etc.:

Is this child capable of carrying a full program of schoolwork including gymnastics and athletics?

Yes No

Must the school program be modified to meet the needs of this child?

Yes No

By restrictions of use of stairs?

Yes No

By special seating accommodations?

Yes No

Rest periods?

Yes No

Other? _____

Date of Examination

Physician's Signature

Phone Number