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