



260 Oakwood Avenue  
Troy, NY 12182

**PHYSICAL EXAMINATION**

Education Law requires physical examinations of students prior to entrance to our district and in grades 1,3,7, and 10. Please have your physician complete this report and return it to the Health Office as soon as possible.

Name of Pupil \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Height (inches) \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Orthopedic \_\_\_\_\_

Eyes \_\_\_\_\_ Scoliosis Neg \_\_\_\_\_ Pos \_\_\_\_\_

Ears \_\_\_\_\_ Feet \_\_\_\_\_

Nose \_\_\_\_\_ Skin \_\_\_\_\_

Tonsils \_\_\_\_\_ Nervous System \_\_\_\_\_

Teeth \_\_\_\_\_ Speech \_\_\_\_\_

Thyroid \_\_\_\_\_ Heart \_\_\_\_\_

Lymph Nodes \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Genito-Urinary \_\_\_\_\_

Hernia \_\_\_\_\_ Urinalysis \_\_\_\_\_

Illnesses \_\_\_\_\_ Surgeries \_\_\_\_\_

Chronic Conditions \_\_\_\_\_

Allergies Y N \_\_\_\_\_

Does student take medications regularly? Y N List medications \_\_\_\_\_

Are there any side effects that we should be aware of? Describe \_\_\_\_\_

Any restrictions to physical education? Y N \_\_\_\_\_

Recommendation given to Parents/Guardians: \_\_\_\_\_

Immunization Record:

Polio \_\_\_\_\_ MMR # 1 \_\_\_\_\_ MMR # 2 \_\_\_\_\_

DPT \_\_\_\_\_ TB \_\_\_\_\_ Result \_\_\_\_\_

Hep B # 1 \_\_\_\_\_ Hep B # 2 \_\_\_\_\_ Hep B # 3 \_\_\_\_\_

Hib \_\_\_\_\_ Other \_\_\_\_\_

Varicella: Disease \_\_\_\_\_ Vaccine \_\_\_\_\_

\_\_\_\_\_  
Doctor's Signature                      Address                      Phone                      Date