



715 Riverwood Drive • Pembroke, NH 03275

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

Table with 6 rows and 6 columns. Columns: DATES (1, 2, 3, 4, 5). Rows: 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