STRONG FOUNDATIONS
CHARTERED PUBLIC SCHOOL
715 Riverwood Drive • Pembroke, NH 03275

PHYSICIAN'S REPORT OF ROUTINE PHYSICAL EXAMINATION

Name:_____Birth Date:_____
School:_____Grade:_____

PHYSICAL EXAMINATION

Height:_____ Weight:_____
Eyes:_____ Vision:_____
Ears:_____ Hearing:_____
Nose:_____ Blood Pressure:_____
Teeth: Temporary_____
Permanent_____
Tonsils:_____
Nutrition:_____

Hemoglobin:_____
Glands: (specify)_____
Heart:_____
Lungs:_____
Orthopedic:_____
Skin:_____
Hernia:_____
Nervous System:_____
(Specify if Epilepsy)_____

Date of last hearing and vision screening:_____
Recommendations and/or special instructions: Previous Diseases and Operations, Allergies etc.:_____
_____

Is this child capable of carrying a full program of school work including gymnastics and athletics?	YES	NO
Must the school program be modified to meet the needs of this child?	YES	NO
Any restrictions of use of stairs?	YES	NO
Any special seating accommodations?	YES	NO
Any rest periods?	YES	NO

Other?_____

PLEASE ATTACH IMMUNIZATION RECORD TO THIS REPORT

_____ _____ _____
Date of Examination Physician's signature Phone Number