



HEALTH FORM

Every school child must be examined by a doctor upon entering school according to the State Education Law. Physical examination is required as of September 2006 for all new entrants and those entering Nursery, PreK, Kindergarten, 2, 4 and 7. In addition, all Upper School children participating in sports must have a physical. Please have this form completed by your doctor and return to the school nurse. **BROWN SCHOOL 370-0366 FAX 370-1514**

NAME: _____ SEX: F M BIRTHDATE: _____

GRADE: _____ HEIGHT: _____ WEIGHT: _____ LBS.

EYES: Right _____ Left _____ WITH GLASSES: Right _____ Left _____

EARS: Hearing Loss _____ OTHER DEFECT: _____

NUTRITION: _____ TEETH (Temporary) _____

GUMS: _____ (Permanent) _____

TONSILS: _____ NOSE: _____

GLANDS: _____ THYROID: _____ OTHER: _____

ASTHMA: _____ ALLERGIES: _____

HEART: _____ BLOOD PRESSURE: _____ LUNGS: _____ CHEST X-RAY: _____

ORTHOPEDIC STRUCTURAL: _____ SCOLIOSIS: _____ FEET: _____

SKIN: _____

HERNIA: _____ GENTOURINARY: _____

SPEECH: _____ EPILEPSY: _____ NERVOUS SYSTEM: _____

IMMUNIZATIONS - PROVIDE COMPLETE DATES

POLIO: I _____ II _____ III _____ BOOSTERS: _____

TRIPLE VACCINE (DPT): I _____ II _____ III _____ BOOSTERS: _____

MMR: I _____ II _____ OR MEASLES _____ MUMPS _____ RUBELLA _____

Hib: _____

HepB: _____ VARICELLA _____

TB TESTING DATES: _____ RESULT: _____

LEAD SCREENING: _____

CLASSIFICATION FOR PHYSICAL EDUCATION / SPORTS: _____

If under any special medical treatment, or if there are any recommendations to the School Nurse/Teacher for follow-up, please state. (If needed, use other side of this form.) _____

PHYSICIAN _____ DATE OF EXAM _____

Print Name _____