

**T. BALDWIN DEMAREST SCHOOL
OLD TAPPAN, NEW JERSEY**

REPORT OF PHYSICAL EXAMINATION BY FAMILY PHYSICIAN

NAME _____ **BIRTHDATE** _____

PARENT/GUARDIAN _____

Height & Weight _____

Blood Pressure _____

Vision _____

Audio _____

Eyes-Ears-Nose _____

Throat _____

Speech _____

Heart _____

Lungs _____

Abdomen _____

Nervous System _____

Hx of convulsions _____

Genitalia _____

Extremities _____

Scoliosis: yes _____ no _____

If yes, is child under Rx? _____

Surgeries: _____

Communicable Diseases: _____

Hgb or Hct: _____

Urine: _____ Sug _____ Alb _____

Immunizations - starting with original series:
(Give month, date & year)

DPT 1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

IPV 1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

MMR 1) _____ 2) _____

Hep B 1) _____ 2) _____ 3) _____

Hib 1) _____ 2) _____

3) _____ 4) _____

Varicella Vaccine _____

Tuberculin Mantoux (see page 2) :

Date Done: _____ Results: _____

Allergies:

() Any health problems which will limit
classroom or physical education activities?

Signature of Physician and Phone No.

Date of Examination _____