

SUSSEX-WANTAGE REGIONAL SCHOOL DISTRICT

Physical Examination Form
(to be completed by the child's physician)

Name of Student Birth Date Gender Telephone

Please check any abnormal conditions:

Growth: Ht. Wt. Blood Pressure

Nutrition Skin Kidneys Posture
Lungs Endocrine Feet Gait
Abdomen Eyes Vision Heart
Ears Hearing Orthopedic Teeth
Speech Nose/Throat Neck
Neurological Allergies
Surgery Injuries Disabilities

Activity Restrictions

Current Medications

Illness & Disease Record:

Tuberculin Tests

Table with columns: Disease, Date, Date, Type, Reaction. Rows include Chicken Pox, Rubella, Measles, Mumps, Scarlet Fever, Rheumatic Fever, Pertussis, Convulsive Disorder, Diabetes, Asthma, Otitis Media.

Signature

Date

THIS FORM MUST BE RETURNED BEFORE THE FIRST DAY OF SCHOOL OR HE/SHE WILL NOT BE PERMITTED TO START SCHOOL.