

# Private Physician's Examination - Subsequent Evaluations Only

## To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH-M-18). This abbreviated form is to be used only for follow up or subsequent examinations.

Student's Name: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

Street

City/Town

State/Zip

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Date of last complete physical exam: \_\_\_\_\_ Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_

Significant Findings:

Blood Pressure: \_\_\_\_\_

Hct. or Hgb: \_\_\_\_\_

Other Lab: \_\_\_\_\_

TB Test: \_\_\_\_\_

Significant illness or injuries since last report:

General estimate of health:

Immunization/Boosters (give exact date):

DTP:	Other: MMR #1	HepatitisB #1	Varicella:
td:	#2	#2	Disease _____
TOPV:	#3		Vaccine _____

Medication or treatment orders to be carried out at school:

This student may fully participate in all sports for the school year following this exam: \_\_\_\_\_ YES \_\_\_\_\_ NO

Restrictions on sports participation or recommended modifications to school program:

Other comments:

\_\_\_\_\_  
Signature - Examining Physician/Nurse Practitioner

\_\_\_\_\_  
Date

Name (please print) \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_