

MILFORD SCHOOL DISTRICT

PHYSICIAN'S REPORT OF ROUTINE PHYSICAL EXAMINATION

Name: _____ Birth Date: _____
School: _____ Grade: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ Hemoglobin: _____
Eyes: _____ Vision: _____ Glands: (specify) _____
Ears: _____ Hearing: _____ Heart: _____
Nose: _____ Blood Pressure: _____ Lungs: _____
Teeth: Temporary _____ Orthopedic: _____
Permanent _____ Skin: _____
Tonsils: _____ Hernia: _____
Nutrition: _____ Nervous System: _____
(Specify if Epilepsy) _____

IMMUNIZATIONS AND TESTS

	DATES				
	1	2	3	4	5
DTP/DT/DTaP/Td/Tdap					
POLIO					
MMR (Measles/Mumps/Rubella)					
VARICELLA (Chicken pox)					
HEPATITIS B					
HIB – Required for under age 5					
Exempt per RSA 200:32:					

Recommendations and/or special instructions: Previous Diseases and Operations, Allergies, etc.:

Is this child capable of carrying a full program of schoolwork
including gymnastics and athletics? Yes No

Must the school program be modified to meet the needs
of this child? Yes No

By restrictions of use of stairs? Yes No

By special seating accommodations? Yes No

Rest periods? Yes No

Other? _____

Date of Examination

Physician's Signature

Phone Number