School year_____

PINE HILL PUBLIC SCHOOLS

□ Glenn □ Bean

Name _____ Exam Date _____ Age _____ Date of Birth _____

Address _____ City/State/Zip _____ Home Phone _____

School _____ Grade _____ Sex _____

Physician _____ Phone _____ Fax _____

Address _____ City/State/Zip _____

PHYSICIAN OR PROVIDER INFORMATION – PLEASE COMPLETE BOTH PAGES

Height_____ Weight _____ Blood Pressure _____/_____ Pulse _____

Vision R 20/_____ L 20/_____ Corrected Y / N Contacts Y / N Glasses Y / N

Hearing R _____ L _____

	Normal	Abnormal Findings	Comments
Ears			
Eyes/Sclera/Pupils			
Lymph Glands			
Thyroid			
Nose/Mouth-Teeth/Throat			
Heart Murmurs/Rhythm/*rate			
Lungs			
Abdomen			
Hernia	No	Yes/Possible	
Genito-Urinary			
Orthopedic—Structural Posture Feet			
Scoliosis			
Skin			
Nutrition			
Neurological			
Speech			
Other			
GENERAL APPEARANCE			

VACCINES: <u>PLEASE ATTACH COPY OF IMMUNIZATIONS</u>

MEDICAL HISTORY

1.	Have you ever had a seizure?	Yes	No	Date _____
2.	Have you ever fainted or passed out?	Yes	No	Date _____
3.	Have you ever experienced chest pain?	Yes	No	Date _____
4.	Have you ever experienced shortness of breath?	Yes	No	Date _____
6.	Do you have asthma?	Yes	No	Describe_____
7.	Do you have diabetes?	Yes	No	Date _____
8.	Are you allergic to anything?	Yes	No	Date _____

(See other side)

School year_____

Have you ever had any of the following diseases:

Chickenpox	Yes	No	Lyme Disease	Yes	No
Mononucleosis	Yes	No	Scarlet Fever	Yes	No

Medications currently in use:

Recent: 1. Surgeries _____

2. Injuries _____

Additional Observations:

_____ _____

Signature of Physician Physician's Stamp

_____

Date of Exam