

TRINITY LUTHERAN SCHOOL

40 W. Nicholai Street
Hicksville, NY 11801

516 931-2211 fax 516 931-6345

ANNUAL PHYSICAL 2016-2017

Name _____ Date of Birth _____ Grade _____

Address _____ Phone _____

Emergency phone numbers: Mother _____ Father _____ Other _____

IMMUNIZATION RECORD

Immunization Record Attached _____

MMR _____

POLIO _____

DPT _____

Tdap _____

Hep B _____

HIB _____

Varicella _____ Varicella Disease Date: _____

Other _____

PHYSICAL EXAMINATION

HEIGHT _____ WEIGHT _____ BODY MASS INDEX _____ BMI PERCENTILE _____

PULSE RATE _____ BLOOD PRESSURE _____ SCOLIOSIS _____

Eyes: _____

Abdomen: _____

Exam Completely Normal _____

Ears: _____

Hernia: _____

Nose & Throat: _____

Heart: _____

Mouth & Teeth: _____

Lungs: _____

Skin: _____

Orthopedic: _____

HEARING _____

VISION R _____ L _____ with/ without glasses/contact lenses

ALLERGY _____ Epipen required: Yes / No

ASTHMA YES / NO DIABETES YES / NO

MEDICATION REQUIRED FOR SCHOOL YES / No _____ if yes please specify _____

KNOWN OR SUSPECTED DISABILITY _____

SPECIFY MEDICAL ACCOMODATIONS NEEDED FOR SCHOOL _____

Activity Restrictions _____

Free from contagions & physically qualified for all physical education, sports, camp, playground & school activities without restrictions: Yes / No

PROVIDER'S SIGNATURE: _____

Provider's Stamp Below:

Actual Date of Examination: _____