

LONDONDERRY SCHOOL DISTRICT
Londonderry, New Hampshire 03053
PHYSICAL EXAMINATION

CHILD'S NAME _____ DATE OF BIRTH _____
 PARENT/GUARDIAN _____
 ADDRESS _____ TELEPHONE # _____
 NAME OF EXAMINING PHYSICIAN _____ TELEPHONE # _____
 PHYSICIAN'S ADDRESS _____ FAX # _____

DATE OF EXAM _____	AGE _____	HT _____	WT _____	PULSE _____	B/P _____
--------------------	-----------	----------	----------	-------------	-----------

PREVIOUS HEALTH HISTORY

Allergies (specify): _____ _____ Asthma/Wheezing Chicken Pox Diabetes Ear Infection	Headaches/Migraines Heart Condition Seizure Disorder Skin Disorder Sinus Condition Serious Injury _____ _____	Fractures _____ Other Medical Condition _____ Surgery (list and date) _____ _____
---	--	---

GENERAL APPEARANCE

ABDOMEN

SKIN

GENITALIA

Undescended Testicle
Hernia

THROAT / GLANDS

MUSCULOSKELETAL

Scoliosis
Extremities

EYES / EARS

HEART

Murmur/Rhythm

LUNGS

OTHER OBSERVATIONS

MEDICAL CONCERNS

MEDICATIONS

RECOMMENDATIONS FOR SPORTS AND/OR PHYSICAL EDUCATION ACTIVITIES:

() Full Participation Approved

() Limited (explain):

IMMUNIZATION	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR	MO/DAY/YR
DPT	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
POLIO	_____	_____	_____	_____	_____
DT or Td	_____	_____	_____	_____	_____
MEASLES	_____	_____	_____	_____	_____
MUMPS	_____	_____	_____	_____	_____
RUBELLA	_____	_____	_____	_____	_____
TB TEST	_____	_____	_____	_____	_____
HEP B	_____	_____	_____	_____	_____
VARICELLA	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

WHAT IMMUNIZATIONS WERE GIVEN TODAY?

PLEASE INDICATE APPOINTMENT DATES FOR INCOMPLETE IMMUNIZATIONS: _____

DATE EXAMINED _____ PHYSICIAN'S SIGNATURE _____