

**Windham School District
Physical Examination Form**

To be filled out by your doctor.

Name of Child: _____ Date of Birth: _____

Date of Physical Exam: _____

Vision screening	_____	Heart	_____
Hearing screening	_____	Lungs	_____
Nose and throat	_____	Abdomen	_____
Glands	_____	Urine	_____
Teeth	_____	Blood	_____
Blood Pressure	_____	Hernia	_____
Height	_____	Weight	_____
Skin	_____	Orthopedic	_____

History of Communicable Diseases: Please list year.

Measles	_____	Chicken Pox	_____
Scarlet Fever	_____	Mumps	_____
Diphtheria	_____	Other	_____

Please list allergies: _____ Epi Pen? Yes No

Immunizations: Please list Day/Month/Year

<u>Vaccine</u>	<u>Date Given</u>	<u>Vaccine</u>	<u>Date Given</u>
DPT 1	_____	OPV/IPV 1	_____
DPT 2	_____	OPV/IPV 2	_____
DPT 3	_____	OPV/IPV 3	_____
DPT/DTaP 4	_____	OPV/IPV 4	_____
DPT/DTaP 5	_____	MMR 1	_____
HIB 1	_____	MMR 2	_____
HIB 2	_____	Varivax 1	_____
HIB 3	_____	Varivax 2	_____
HIB 4	_____	Hep B 1	_____
PCV 1	_____	Hep B 2	_____
PCV 2	_____	Hep B 3	_____
PCV 3	_____	Hep B 4	_____
PCV 4	_____	Hep A 1	_____
TB test	_____	Hep A 2	_____
Lead dates	_____	Influenza	_____
Other:	_____		

Is this child on daily medication at home or at school? Yes No If yes, please list.

Physicians' Signature _____ Date: _____

Physicians' Stamp _____ Phone: _____