

Tuckerton Elementary School District



PHYSICAL EXAMINATION FORM

Last Name	First Name	Male	Female	D.O.B.
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Disease History (*Please Specify*)

Allergies:	Asthma:	Otitis Media:
Drug Sensitivities:	Chicken Pox:	Rheumatic Fever:
Lyme Disease:	Convulsive Disorder:	Strep Infections:
Hepatitis:	Diabetes:	Mononucleosis:
Neuromuscular Disorder:	Heart Disease:	Other:

Operations: _____

Injuries: _____

Congenital Defects: _____

Physical Exam: _____ Date of Exam: _____

Height:	Throat:	Hernia:
Weight:	Teeth:	Glands:
Eyes:	Extremities:	Posture:
Ears:	Heart:	Spine:
Skin:	Lungs:	Urinalysis:
Nose:	Abdomen:	Blood Pressure:

Mantoux Test: Date: _____ mm: _____

This child _____ participate in all regular school activities.
*Can/Cannot**

**Please explain:* _____

Physicians Name & Phone Number (*Please Print*): _____

Physician's Signature: _____ Date: _____