

AUSTIN ELEMENTARY SCHOOL
PHYSICAL EXAM FORM

STUDENT NAME _____

CHIRP # _____

BIRTHDATE _____

HEIGHT _____

WEIGHT _____

EYES _____

EARS _____

NOSE _____

THROAT _____

HEART _____

LUNGS _____

ABDOMEN _____

POSTURE _____

BLOOD PRESSURE _____

URINALYSIS _____

IMMUNIZATIONS

DPT #1 _____
#2 _____
#3 _____
#4 _____
#5 _____

POLIO #1 _____ #3 _____
#2 _____ #4 _____

VARICELLA #1 _____ #2 _____

Hep B #1 _____
#2 _____
#3 _____

HepA #1 _____ #2 _____

MMR #1 _____ #2 _____

HIB #1 _____
#2 _____
#3 _____
#4 _____

PREVNAR #1 _____
#2 _____
#3 _____
#4 _____

TUBERCULIN TEST DATE _____ TYPE _____ RESULTS _____

Remarks/Restrictions

Medical conditions or problems the school should be aware of:

Has your child had the Chickenpox? Yes _____ No _____

PHYSICIAN'S SIGNATURE _____ DATE _____