PRINCETON PUBLIC SCHOOLS

PRIVATE PHYSICIAN REPORT

Name (Last, First) Birth Date Sex(M/F) School Grade

Parent/Guardian Address Phone: HOME CELL EMERGENCY

REQUIRED IMMUNIZATION DATES (Month, Day, and Year) or ☐ IMMUNIZATIONS ATTACHED

DPT #1_____ #2_____ #3_____ #4_____ #5_____
On or after 4th birthday

Polio #1_____ #2_____ #3_____ #4_____ #5_____

MMR #1 _____ Measles #1 _____ Rubella #1_____ Mumps #1_____
MMR #2 _____ Vaccine #2 _____ Vaccine #2_____ Vaccine #2_____
Tuberculin Test: Date_____ Type_____ Result_____ X-Ray_____ Result_____

Hib_____ Varicella #1_____ Varicella #2_____ Lead test_____(Date/Result)
Hepatitis B #1_____ Hepatitis B #2_____ Hepatitis B #3 _____

PRE-SCHOOL ONLY: Pneumonia Vaccine_____ Influenza Vaccine_____

MEDICAL HISTORY

Please indicate significant details of familial disease, child's birth history, and medical history, including serious illnesses, operations and accidents.

	Date		Date		Date		Date
Rubella*	_____	Otitis Media	_____	Chicken Pox	_____	Mononucleosis	_____
Measles*	_____	Strep Infection	_____	Seizure Disorder	_____	Heart Condition	_____
Mumps*	_____	Rheumatic Fever	_____	Asthma	_____	Lyme Disease	_____

Diabetes_____ Serious Illness, injury or surgery_____

*Valid only with documented laboratory proof.

REPORT OF EXAMINATION

Height_____ Weight_____ Vision: Rt_____ Left_____ Hearing_____ Blood Pressure_____
☐ PediaVision attached Glasses____ Contacts_____ Heart Rate_____

	Normal	Abnormal	Comments
Head			
Eyes			
Ears			
Nose			
Mouth/Dental			
Throat			
Neck			
Lungs			

	Normal	Abnormal	Comments
Heart			
Abdomen			
Genito-urinary			
Musculo/skeletal			
Back			
Neuro			
Skin			
Speech			

Is the student on any medication? If so, specify_____

Will the student need medication during school hours for asthma, allergies, or other reasons?

_____

Are there any restrictions on the student's physical activities? _____

Has the student had any physical limitations on his/her activities during the past years?_____

_____ _____

Examining Physician's Signature and Stamp Date of **Examination**