

**GREENWICH CENTRAL SCHOOL
GREENWICH, NEW YORK 12834**

Annual Physical Examination Form for Students Grades 1- 6
(TO BE COMPLETED BY THE PHYSICIAN)

NAME: _____ **D.O.B.** _____ **DATE** _____

HEIGHT: _____ **WEIGHT:** _____ **B.P.** _____ **HR** _____

Is there a congenital or other chronic disorder? _____

If so, please describe: _____

VISION: OD _____ OS _____ **CORRECTIVE LENSES** _____

EAR DRUMS & CANALS: _____

GLANDS: CERVICAL _____ THYROID _____ OTHER _____

NOSE: _____ **TONSILS:** _____

TEETH: CARIES _____ GUMS _____ ARTIFICIAL _____

HEART: _____

LUNGS: _____

HERNIA: _____

ORTHOPEDIC DEFECTS:

1. Structural: _____

2. Posture: _____

3. Feet: _____

SKIN: _____

NERVOUS SYSTEM (Specify if Epilepsy): _____

(OVER)

ALLERGIES: _____

ASTHMA: _____

MEDICATION: _____

EXAMINER'S DISCUSSION OF POSITIVE FINDINGS _____

IMMUNIZATION HISTORY :

OPV (Sabin)

1. _____
2. _____
3. _____
4. _____
5. _____

DT/DPT

1. _____
2. _____
3. _____
4. _____
5. _____

OPV (Other) _____

MMR _____

MEASLES _____

MUMPS _____

RUBELLA _____

TINE TEST _____

VARICELLA _____

Hib 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

HEPATITIS B
1. _____
2. _____
3. _____

URINALYSIS:

OTHER: _____

M.D. Signature or Stamp