

PRIVATE PHYSICIAN'S REPORT

NAME: _____

Date of Examination _____

Height _____ Weight _____ Eyes _____ Ears _____

Nutrition _____ Blood Pressure _____

Nose _____ Teeth and Gums _____ Tonsils and Throat _____

Glands _____ Cervical _____ Thyroid _____ Other _____ Specify _____

Heart _____ Lungs _____

Orthopedic: Scoliosis _____ Structural Defect _____ Posture _____ Feet _____

Skin _____

Abdomen _____ Hernia _____ Genitalia (male) _____

Nervous System _____

Speech _____

Does this pupil need medical care? _____

Has this pupil any defect or disability? _____

(If so, specify) _____

Are there problems relating to growth, development or nutrition with which teachers and parents should be acquainted? _____

Body Mass Index (BMI): _____

Weight Status Category (BMI Percentiles) Less than 5th 5th through 49th 85th through 94th 95th through 98th 50th through 84th

Physician's Recommendations _____

Is this child able to participate in athletics? _____

(If so, what are the restrictions?) _____

THIS PART MUST BE COMPLETED EACH YEAR BY THE DOCTOR

- Has this child during the past year had any illness, injury, or operation? _____
Specify (with dates) _____
- Has this child received any immunizations or tests during the past year? _____
Specify (with dates) _____
- Does this child have any allergies? _____
Specify _____
- Does this child take any medications on a regular basis (excluding vitamins)? _____
Specify _____
- Do you have other information which would aid the school in a better understanding of this child? _____
Specify _____

Physician's Signature: _____
Address: _____

Jericho Public Schools
Jericho, Long Island, New York

Dear Parent:
The physical well-being of your child bears an important relationship to your child's happiness and progress in school.

The New York State Education Law requires all new entrants and all returning students entering Kindergarten, 2nd, 4th, 7th and 10th grades must have a physical examination.

The school physician cannot make as thorough an examination as can your family physician. Your family physician is familiar with your child's history. If medical care is necessary your physician can arrange for immediate treatment. Your physician will give your child the necessary immunizations needed. We recommend that the medical authorities' advice regarding immunizations and boosters be followed as listed below:

- Polio
- Mumps
- Rubella (German Measles)
- Measles
- Diphtheria, Tetanus & Pertussis
- Hepatitis B
- Varicella

We urge that your family physician examine your child and fill out the accompanying form.

Kindly return the completed form to school within 30 days after the start of the new school year. If we do not receive this completed form within the 30 days, your child will be seen by the school physician for a brief physical examination.

Respectfully yours
School Nursing Service