**THE TROY SCHOOLS**
**SCHOOL HEALTH EXAMINATION RECORD**
**PHYSICIAN FORM – PART II**

**STUDENT NAME:** _____ **DATE OF BIRTH:** _____

**TO BE COMPLETED BY PHYSICIAN:** (Or Attach Copy of Immunization Record)

| **IMMUNIZATIONS** | | | | | |
|---|---|---|---|---|---|
| | Date #1 | Date #2 | Date #3 | Date #4 | Date #5 |
| DTap | | | | | |
| DT | | | | | |
| POLIO | | | | | |
| MMR (Measles, mumps, rubella) | | | | | |
| HIB-V | | | | | |
| HEPATITIS-B | | | | | |
| VARICELLA (Chicken Pox) (2) | | | | | |
| OTHER | | | | | |

**PHYSICAL EXAMINATION:** **To be filled in and signed by physician:**

**Date:** _____ **Age:** _____ **Height:** _____ **Weight:** _____

| **GENERAL APPEARANCE, NUTRITIONAL STATE** | **REMARKS CONCERNING ANY ABNORMAL FINDINGS:** |
|---|---|
| Posture | |
| Skin | |
| Eyes | |
| Ears | |
| Nose | |
| Throat (tonsils) | |
| Mouth (teeth, etc.) | |
| Neck | |
| Heart | |
| Blood Pressure | |
| Lungs | |
| Abdomen | |
| Genitalia | |
| Hernia | |
| Neurological | |
| Emotional | |

May carry full Physical Education Program? Restricted Physical Education Program? Explain:

**Special Tests (at doctor's discretion)**

Urinalysis _____

Hemoglobin _____

Tuberculin _____

Other _____

What medication, if any, is the child taking?

**Physicians Report of Health Findings:** [ ] Entirely within normal limits [ ] Abnormalities as follows:

**Recommendations for adjustment in school program, including participation in sports activities:**

Date: _____ **Signature of Examining Physician:** _____

**Typed or Printed Name of Examining Physician:** _____

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