

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