

# Health Form



A physical exam is required for all new entrants and those entering Nursery, PreK, Kindergarten, 2<sup>nd</sup>, 4th and 7<sup>th</sup> grade. In addition, all Upper School students participating in sports must have a physical within the past year. Please have your physician complete this form and return to school. Brown School fax# 370-1514

NAME: \_\_\_\_\_ SEX: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

GRADE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BMI: \_\_\_\_\_ PERCENTILE: \_\_\_\_\_

EYES: R \_\_\_\_\_ L \_\_\_\_\_ WITH GLASSES: R \_\_\_\_\_ L \_\_\_\_\_

EARS: HEARING LOSS: \_\_\_\_\_ OTHER DEFECT: \_\_\_\_\_

NUTRITION: \_\_\_\_\_ TEETH (Temporary): \_\_\_\_\_

GUMS: \_\_\_\_\_ (Permanent): \_\_\_\_\_

TONSILS: \_\_\_\_\_ NOSE: \_\_\_\_\_

GLANDS: \_\_\_\_\_ THYROID: \_\_\_\_\_ OTHER: \_\_\_\_\_

ASTHMA: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

HEART: \_\_\_\_\_ BLOOD PRESSURE: \_\_\_\_\_ LUNGS: \_\_\_\_\_ CHEST X-RAY: \_\_\_\_\_

ORTHOPEDIC STRUCTURAL: \_\_\_\_\_ SCOLIOSIS: \_\_\_\_\_ FEET: \_\_\_\_\_

SKIN: \_\_\_\_\_

HERNIA: \_\_\_\_\_ GENITOURINARY: \_\_\_\_\_ TANNER STAGE: \_\_\_\_\_

SPEECH: \_\_\_\_\_ EPILEPSY: \_\_\_\_\_ NERVOUS SYSTEM: \_\_\_\_\_

**IMMUNIZATIONS – PROVIDE COMPLETE DATES:**

POLIO: 1 \_\_\_\_\_ 11 \_\_\_\_\_ 111 \_\_\_\_\_ BOOSTERS: \_\_\_\_\_

DPT: 1 \_\_\_\_\_ 11 \_\_\_\_\_ 111 \_\_\_\_\_ BOOSTERS: \_\_\_\_\_ Tdap: \_\_\_\_\_

MMR: 1 \_\_\_\_\_ 11 \_\_\_\_\_ OR MEASLES: \_\_\_\_\_ MUMPS: \_\_\_\_\_ RUBELLA: \_\_\_\_\_

Hib: 1 \_\_\_\_\_ 11 \_\_\_\_\_ 111 \_\_\_\_\_ PNEUMOCOCCAL CV: 1 \_\_\_\_\_ 11 \_\_\_\_\_ 111 \_\_\_\_\_ IV \_\_\_\_\_

HEPATITIS B: 1 \_\_\_\_\_ 11 \_\_\_\_\_ 111 \_\_\_\_\_ VARICELLA: \_\_\_\_\_

TB TESTING DATE: \_\_\_\_\_ RESULT: \_\_\_\_\_

LEAD SCREENING: \_\_\_\_\_

CLASSIFICATION FOR PHYSICAL EDUCATION/SPORTS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

RESTRICTIONS, LIMITATIONS OR SPECIAL MEDICAL TREATMENTS: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ DATE OF EXAM: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_