

Physical Form For Copenhagen Central School

(to be used for physicals done other than by school physican)

Name _____ Age _____ D.O.B. _____

Physican _____

Height _____

Orthopedic _____

Weight _____

Structural _____

BP _____

Feet _____

Urine _____

Posture _____

Eyes _____

Skin _____

Ears _____

Nervous System _____

Lymph Nodes _____

Speech _____

Thyroid _____

Other _____

Nose _____

Is this child able to participate in full gym activity? yes _____ no _____

Tonsils _____

IMMUNIZATIONS

Teeth _____

DPT _____, _____, _____, _____, _____

Heart _____

POLIO _____, _____, _____, _____, _____

Lungs _____

MEASLES _____

Hernia _____

MUMPS _____

G.U. _____

RUBELLA _____

MMR COMBINATION(1) _____ (2) _____

H.I.B. VACCINE _____

T.B. _____

General Condition _____

Recommendations or comments _____

Date _____

Signature of Physican _____