

Please Return To: School Nurse  
Evans Mills Primary School  
Evans Mills, New York 1363

Indian River Central School District  
PHYSICAL BY FAMILY PHYSICIAN

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Medical Examination

Eyes \_\_\_\_\_

Ears (otoscopic) \_\_\_\_\_

Lymph Nodes \_\_\_\_\_

Thyroid \_\_\_\_\_

Nose \_\_\_\_\_

Tonsils \_\_\_\_\_

Teeth \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Hernia \_\_\_\_\_

Genito-Urinary \_\_\_\_\_

Orthopedic

Structural (scoliosis) \_\_\_\_\_  
Posture \_\_\_\_\_  
Feet \_\_\_\_\_

Skin \_\_\_\_\_

Seizure Disorder \_\_\_\_\_

Nervous System \_\_\_\_\_

Speech \_\_\_\_\_

Nutrition \_\_\_\_\_

Other \_\_\_\_\_

Immunizations

Oral Polio \_\_\_\_\_

Booster \_\_\_\_\_

Measles #1 \_\_\_\_\_ #2 \_\_\_\_\_

German Measles \_\_\_\_\_

Mumps \_\_\_\_\_

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_

Diphtheria-Tetanus-Pertussis

Boosters \_\_\_\_\_

Tetanus-diphtheria \_\_\_\_\_

Hib \_\_\_\_\_

Tuberculin test \_\_\_\_\_ Results \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Daily Medications \_\_\_\_\_

Allergies \_\_\_\_\_

~~See~~ reverse side for important past history.

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN

\_\_\_\_\_  
DATE OF EXAMINATION