

**WATERTOWN CITY SCHOOL DISTRICT
WATERTOWN, NY
PHYSICAL REPORT FORM**

Student's Name: _____ Date of Birth: _____
 School: _____ Grade: _____

Dear Health Care Provider:
 This child is a student in the Watertown City School District. In order that we keep accurate, up-to-date health information on our students, please complete this form after physical exam and/or administration of immunizations.
 School Nurse _____

- Does this child take any medication? _____
- Does this child have any chronic illness? _____
- Has this child ever been admitted to the hospital, been seen in the Emergency Room, or had any surgery? _____

Allergies _____ Pulse: at rest _____ after exercise _____ after 2 min. rest _____ BP _____	Height _____ Weight _____ Vision: R _____ L _____ (corrected/uncorrected) Hearing Test _____
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Skin _____ Eyes: Strabismus _____ Blepharitis _____ Other _____ Ears: Otitis _____ Neck/Lymph Nodes _____ Thyroid _____ Tonsils _____ Teeth _____ Nose _____	Heart _____ Lungs _____ Breast _____ Testes _____ Tanner Stage _____ G/U _____ Abdomen _____ Hernia _____	Musculo Skeletal _____ Reflexes _____ Neuro. _____ Nervous System _____
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Body Mass Index:
Weight Status Category (BMI Percentile):

Less than 5th
 5th thru 49th
 50th thru 84th
 85th thru 94th
 95th thru 98th
 99th and higher

Immunizations given at this visit: _____

Is this child able to participate in full gym/sports activity? Yes No

Remarks: _____

 Physician (Please Print/Stamp)

 Signature of Physician

 Date