METROPOLITAN SCHOOL DISTRICT OF MT. VERNON PHYSICAL EXAMINATION RECORD

The school requests that this form be completed by the family physician.

(Parent or Guardian) (Address)	(Name of Student)	(Sex)	(Bir	thdate)
Weight	(Parent or Guardian)	(Address)		(Phone)
Weight 13. Lungs 22. Vision (Snellen) Right 14. Abdomen Left 15. Hernia Glasses Right 16. Orthopedic Impairments Left 17. Posture 18. Nutrition 19. Skin 55. Teeth Caries 20. General Condition 21. Epilepsy – Yes Left No 22. Has child been tested for: 8. Throat (a) Sickle cell anemia (b) Lead poisoning 19. Skin 59. Tonsils (b) Lead poisoning 19. Skin No 20. Skin Sickle cell anemia (a) Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (b) Lead poisoning 19. Skin Sickle cell anemia 29. Tonsils (c) Legator Sickle cell anemia 29. Tonsils (d) Sickle cell	Hoight	12 Heart		
2. Vision (Snellen) Right				
Left 15. Hernia Glasses Right 16. Orthopedic Impairments Left 17. Posture 18. Nutrition 19. Skin 20. General Condition S. Teeth Caries 20. General Condition S. Ears - Right 21. Epilepsy - Yes No 22. Has child been tested for: G. Tonsils (a) Sickle cell anemia (b) Lead poisoning 23. Allergies Left 27. Nose 23. Allergies 24. Allergies 25. Allergies 26. Description 19. Story Pes No 27. Nose Story Pes No 27. Nose Story Pes No 28. Allergies 29. Allerg	=			
Glasses Right Left 17. Posture 18. Nutrition 20. General Condition 21. Epilepsy – Yes 20. General Condition 21. Epilepsy – Yes 21. Epilepsy – Yes 22. Has child been tested for: (a) Sickle cell anemia (b) Lead poisoning 23. Allergies 24. Thyroid 25. Thyroid 26. Epilepsy – Yes 27. No 27. Nose 29. Thyroid 29. Allergies 29. Al				
Left	Glasses Right	16. Orthopedic Im		
Blood Pressure				
Urinalysis				
Caries				
Left	TeethCaries			
Left	Ears - Right	21. Epilepsy – Yes		
7. Nose	Left			
23. Allergies 23. Allergies 25. Allergies 26. Lymph Nodes	Nose	22. Has child been	tested for:	
23. Allergies L1. Thyroid Does the child show any signs or symptoms of scoliosis? Foo, please explain: DEP/DT POLIO M-M-R HIB HEP B VARIVAX PNEUMONIA MENINGITIS GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No				
20.00 the child show any signs or symptoms of scoliosis? Foot of so, please explain: DEP/DT POLIO M-M-R HIB HEP B VARIVAX PNEUMONIA MENINGITIS GARDASIL HEP A sthis child physically fit to participate in physical activities? Yes No			_	
Does the child show any signs or symptoms of scoliosis? f so, please explain: DEP/DT POLIO M-M-R HIB HEP B VARIVAX PNEUMONIA MENINGITIS GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No				
POLIO M-M-R HIB HEP B VARIVAX PNEUMONIA MENINGITIS GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No				
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VARIVAX PNEUMONIA MENINGITIS GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No				
PNEUMONIA MENINGITIS GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No				
MENINGITIS GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No	ARIVAX			
GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No	JEUMONIA			
HEP A s this child physically fit to participate in physical activities? Yes No	ENINGITIS			
s this child physically fit to participate in physical activities? Yes No	ARDASIL			
	P A			
MENINGITIS GARDASIL HEP A Is this child physically fit to participate in physical activities? Yes No	EP B			
GARDASIL HEP A s this child physically fit to participate in physical activities? Yes No				
s this child physically fit to participate in physical activities? Yes No	ARDASIL			
	P A			
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