OFFICE OF THE SCHOOL NURSE
SAINT PATRICK SCHOOL

PHYSICAL EXAMINATION

To be filled out by your DOCTOR and returned before school begins. Your child will not be admitted without both a physical and the dates of immunization.

NAME OF CHILD _____ DATE OF BIRTH _____

ADDRESS

_____

Height _____ Weight _____ B.P. _____ Vision _____ Hearing _____

Skin _____ Heart _____

Nose & Throat _____ Abdomen _____

Glands _____ Lungs _____

Teeth _____ Orthopedic _____

Blood _____ Urine _____

Hernia _____

Remarks: _____

_____

Immunizations and Tests - PLEASE LIST ALL DATES - IT IS MANDATORY!

*Measles, Mumps, Rubella (month, day, year) 1. _____ 2. _____

*D.P.T. (one dose after age 4) 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

*Sabin (one dose after age 4) 1. _____ 2. _____ 3. _____ 4. _____

*These immunizations are COMPULSORY according to NH State Law.

Hepatitis B 1. _____ 2. _____ 3. _____

HIB 1. _____ 2. _____ 3. _____

History of Communicable Diseases (Year)

Measles _____

German Measles _____

Mumps _____

Chicken Pox _____

Scarlet Fever _____

Diphtheria _____

Pertussis _____

This child is physically capable of carrying a full school program and may participate in physical education:

Yes _____ No _____

Exceptions: _____

_____

Comments: _____

_____

Is this child on any type of medication? _____ If so, why? _____

PHYSICIAN'S SIGNATURE _____ DATE _____
(please sign & print)

Please complete and return by Aug. 1 to Saint Patrick School, 16 Main St., Pelham, NH 03076.