

TIPPECANOE SCHOOL CORPORATION



To be filled out by Physician.

PHYSICAL EXAMINATION

SCHOOL: _____

Return to the school nurse at the time of registration.

I have examined _____ Date of Birth _____ and find him/her:

- 1. To be physically normal.
2. An abnormality has been found which should be brought to the attention of school health officials and my recommendations are as follows:

3. Following are the dates of immunizations given:

DPT/Td/DT 1) _____ 2) _____ 3) _____ 4) _____ 5) _____

POLIO 1) _____ 2) _____ 3) _____ 4) _____

MMR 1) _____ 2) _____

MEASLES 1) _____ 2) _____

MUMPS 1) _____ 2) _____

RUBELLA 1) _____ 2) _____

HEPATITIS B 1) _____ 2) _____ 3) _____

HEPATITIS A 1) _____ 2) _____

VARICELLA 1) _____ 2) _____

THIS CHILD HAS HAD CHICKENPOX: NO _____ YES _____ DATE: _____

ANY ADDITIONAL IMMUNIZATIONS: _____

This child has had the following tests:

TUBERCULOSIS Date: _____ Type: _____ Results: _____

VISION SCREENING Pass: _____ Fail: _____ Referred: _____ Not Examined: _____

OTHER COMMENTS: _____

Date of Examination

Physician's Signature