College Achieve Paterson Charter School Physical Examination Form

Date of Exam: _____

Date Given:_____ Due Back:_____ Time:_____ Date Returned:_____

Student Name:_____ DOB:_____ Age:_____ Sex: M / F Grade:_____

Address:_____City:_____State:_____Zip:_____

History of Illness or Abnormalities:_____

Vision: (R) 20/_____ (L) 20/_____Corrected: Y / N Glasses: Y / N Contacts: Y / N Hearing: (R)_____ (L)_____

Height:_____%_____Weight_____%_____B/P:_____/_____Pulse:_____bpm_____

Allergies:_____

Asthma:_____

Ears:_____ Eyes:_____

Lymph Glands:_____Thyroid:_____

Nose:_____ Throat:_____

Teeth:_____Mouth:_____

Heart:_____Murmur: Y / N_____

Lungs:_____

Abdomen:_____ Hernia:_____

Genito-Urinary:_____

Orthopedic: Structural_____Posture:_____Feet:_____Scoliosis:_____

Skin:_____Nutrition:_____

Nervous System:_____

Speech:_____

General Appearance: _____Other:_____

What is any modifications are required for full participation in the school program? _____

_____

What medical factors may affect his/her growth, development and/or academic progress? _____

_____

Is the child receiving medication? _____Side effects: _____

Referrals made:_____

Physicians

Signature:_____Telephone:_____

Address:_____

Print Physicians Name:_____Fax:_____

Immunizations:

DTP / DTaP / Td	Polio	MMR	HEP B	HIB	BCG
1._____	1._____	1._____	1._____	1._____	1._____
2._____	2._____	2._____	2._____	2._____	2._____
3._____	3._____	3._____	3._____	3._____	3._____
4._____	4._____	4._____	4._____	4._____	4._____

Tdap:	Meningococcal	VZV	Pneumococcal Conjugate
1:_____	1:_____	1._____	1._____

PPD Mantoux Test: Planted:_____Read:_____Result:_____mm

CXR: Y / N Date:_____Result:_____INH:_____mg.X:_____mos Date started:_____

Blood Lead Level:_____mcg/dL Date Tester:_____ Not available:_____