

EAST KINGSTON ELEMENTARY

5 Andrews Lane
East Kingston, NH 03827
(603) 642-3511

Please complete this medical form or attach doctor's office health form

HEALTH FORM

Name of Student _____ DOB _____ Entering Grade _____

PHYSICAL EXAMINATION

Nose _____	Height _____
Mouth _____	Weight _____
Teeth _____	Blood Pressure _____
Thyroid _____	Pulse Rate _____
Lymph Glands _____	Vision _____
Lungs _____	Hearing _____
Abdomen _____	Nutrition _____
Genitalia _____	Posture _____
Skeleton _____	Skin _____
Extremities _____	Other _____

Allergies _____

Medications _____

IMMUNIZATIONS

IMMUNIZATION	1 (MM/DD/YY)	2	3	4	5
DTP/DT/DTaP					
Polio					
Hep B					
MMR					
Varicella					

Is this child capable of carrying a full program of school work including gymnastics and athletics?
If not please explain. Yes _____ No _____

REMARKS AND RECOMMENDATIONS

PHYSICAL EXAM DATE

PROVIDER'S SIGNATURE

TODAY'S DATE

PROVIDER'S NAME PRINTED