



# Bay Shore Union Free School District

Evelyn Blose Holman, Ph.D., Superintendent of Schools

## Private Physician's Report of Student Medical Examination

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Immunizations and Dates

	Date	Date	Date		Date	Date	Date	Date	Date
MMR				DTaP					
Varicella				Diphtheria/Tetanus					
Hep. B				Polio					
Hep. A				HIB					
Tdap				Pneumococcal					
Gardasil				Meningococcal					
Lead Screening				Tuberculin Test					

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_

Body Mass Index: \_\_\_\_\_

Weight Status Category (BMI Percentile):

Vision Screen: \_\_\_\_\_

less than 5<sup>th</sup>       5<sup>th</sup> through 49<sup>th</sup>       50<sup>th</sup> through 84<sup>th</sup>

Hearing Screen: \_\_\_\_\_

85<sup>th</sup> through 94<sup>th</sup>       95<sup>th</sup> through 98<sup>th</sup>       99<sup>th</sup> and higher

Urinalysis: \_\_\_\_\_ Scoliosis: \_\_\_\_\_

Allergies: \_\_\_\_\_ Asthma: \_\_\_\_\_

Medications: \_\_\_\_\_

A complete physical examination of this patient has been performed. The patient was found to be in good health with the following exceptions: \_\_\_\_\_

Recommendations: Full activity/Sports \_\_\_\_\_

Modified activity \_\_\_\_\_

Restrictions: \_\_\_\_\_

Date \_\_\_\_\_ Physician's signature: \_\_\_\_\_

Physician's stamp:  
(required)