

NORTH COUNTRY ROAD MIDDLE SCHOOL

191 North Country Road
Miller Place, New York 11764
Health Office Phone: 631-474-7258, Fax: 631-474-0362

PHYSICAL EXAMINATION REPORT

(For all new students, and those entering Kindergarten, 2nd, 4th, 7th, and 10th grades)

Date of Exam: _____

Name of Student _____ DOB _____ Grade _____ Male [] Female []

Significant Medical History: (Please be specific and include allergies, diabetes, seizures, asthma, etc.)

Physical Examination: Height _____ (inches) Weight _____ Pulse _____ B/P _____

This information is required under NY State Education Law beginning the 2008 academic school year.

BMI _____

BMI PERCENTILE [] < 5th [] 5th to < 50 [] 50th to < 85th [] 85th to < 95th [] 95th and over

Scoliosis _____ Vision (R) _____ (L) _____ Corrective lens _____ Hearing (R) _____ (L) _____

This student has completed the immunizations required by the state, and in my opinion is free of any communicable diseases and may be admitted to school. This student is in good health and able to participate in all activities without restrictions.

Immunization History

DPT/DTap _____ Td/DT _____

Tdap _____ (Boostrix Adacel) GARDISIL _____

Polio _____ Hepatitis B _____

MMR _____ MMR _____ Measles _____ Mumps _____ Rubella _____

Varicella _____ HIB _____ TB _____

Hep A _____ Pneumococcal _____ Meningococcal _____

Physician Signature _____ Phone # _____

NOTE: Must Have Physician's Stamp To Be Valid

