

**JLCA –FORM FAMILY PHYSICIAN’S REPORT OF PHYSICAL EXAMINATION**

**EPPING SCHOOL DISTRICT  
FAMILY PHYSICIAN’S REPORT OF  
PHYSICAL EXAMINATION**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

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

PHYSICAL EXAMINATION IMMUNIZATIONS & TESTS      DATE \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Small Pox \_\_\_\_\_ Result \_\_\_\_\_

Eyes \_\_\_\_\_ Vision \_\_\_\_\_ Tuberculin Test \_\_\_\_\_

Ears \_\_\_\_\_ (Required)      Result \_\_\_\_\_

Nose \_\_\_\_\_ Chest X-ray      Result \_\_\_\_\_

Teeth: Temporary \_\_\_\_\_      DPT      Booster \_\_\_\_\_

Permanent \_\_\_\_\_      Polio Vaccine-Sabin \_\_\_\_\_

Number \_\_\_\_\_

Tonsils \_\_\_\_\_      Salk      Number \_\_\_\_\_

Nutrition \_\_\_\_\_      Latest Booster-type \_\_\_\_\_

Number \_\_\_\_\_

Measles Vaccine \_\_\_\_\_      Mumps Vaccine \_\_\_\_\_

German Measles Vaccine \_\_\_\_\_

Glands (specify) \_\_\_\_\_

\_\_\_\_\_

Heart \_\_\_\_\_

\_\_\_\_\_

Lungs \_\_\_\_\_

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Orthopedic \_\_\_\_\_

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Skin \_\_\_\_\_

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Hernia \_\_\_\_\_

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Nervous System (specify if epilepsy) \_\_\_\_\_

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Speech \_\_\_\_\_

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Remarks or special instructions: Previous Diseases and Operations:

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Is this child capable of carrying a full program of school work including  
gymnastics and athletics? Yes \_\_\_\_\_ No \_\_\_\_\_

Must the school program be modified to meet the needs of this child?

Yes \_\_\_\_\_ No \_\_\_\_\_

By restriction of use of stairs: Yes \_\_\_ No \_\_\_

By special seating accommodations? Yes \_\_\_ No \_\_\_

Other (specify) Yes \_\_\_ No \_\_\_

Date of examination

Examining Physician

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APPROVED: September 22, 2005