

St. Joan of Arc School
Marlton, NJ
PHYSICAL EXAMINATION
(To be completed by physician)

Child's Name: _____

Birthdate: _____

IMMUNIZATIONS

DPT (diphtheria, tetanus, pertussis)	POLIO (specify IPV or OPV)	Measles _____	HIB _____
1.	1.	Mumps	
2.	2.	Rubella	
3.		MMR#1	
Booster	Booster	MMR#2	
Booster	Booster		Varicella
Hepatitis B #1	#2	#3	
Tuberculin test	Type	Results	Date
Other			
Lead Level			
MEDICAL HISTORY			
Allergies	Asthma	Cardiac disorders	Convulsive disorders
Congenital defects	Diabetes	Kidney disorders	Lead level
Neuromuscular disorders	Surgeries or injuries		
PHYSICAL EXAMINATION	Height	Weight	BP
Ears	Eyes	Nose	Throat
Teeth	Glands	Heart	Lungs
Abdomen	Hernia	Genito/urinary	Skin
Posture	Nervous system	Nutrition	Speech
Vision	Hearing		
General Appearance			
Does this child regularly take medication?			
Comments or Recommendations			

doctor's signature

date of exam

office stamp