

St. James School Woodbridge
Physician Report

Name of student _____ gr _____ date of birth _____

I. Immunizations

PLEASE ATTACH A COPY OF THE MOST RECENT IMMUNIZATION RECORD

II. Vital signs

III. History (previous disease or surgery)

BP _____

HT _____

WT _____

IV. Physical Examination

Nutrition _____

Teeth _____

Posture _____

Tonsils _____

Feet _____

Heart _____

Eyes _____

Lungs _____

Ears _____

Hernia _____

Nose _____

Glands _____

Thyroid _____

Skin _____

Genitalia _____

Speech _____

Is this child capable of carrying a full program of school work including athletics

Yes _____ No _____

Should the school program be modified to meet the needs of the child

Yes _____ No _____

If Yes How _____

Does this child have allergies or is he on medication? Yes _____ No _____

List:

Signature of Doctor _____ date _____