

MASSACHUSETTS SCHOOL HEALTH RECORD

PRIVATE PHYSICIAN'S EXAMINATION- Subsequent Evaluations Only

Student's Name _____

Address _____

Date of Birth: _____ Date of last complete physical exam: _____

Significant Findings: Hgt. _____ Wgt. _____ Blood Pressure _____

Vision Test _____

Hearing Test _____

Postural Screening _____

Significant illness or injuries since last report:

General estimate of health:

Immunization/Boosters (give exact date):

DTP: _____ Varivax: _____

Td _____ Other: _____

Medication or treatment orders to be carried out at school:

Restrictions on sports participation or recommended modifications to school program:

Other comments:

Signature, Examining Physician/Nurse Practitioner

Date

(11/02)