Oregon-Davis Elementary School
Physicians Report

NAME_____BIRTHDATE_____SEX_____

PARENTS NAME_____

HEART: NORMAL_____ EYES: NORMAL_____
CONDITION_____ CONDITION_____

LUNGS: NORMAL_____ VISION: RIGHT_____ LEFT_____
CONDITION_____

NOSE: NORMAL_____ FEET: NORMAL _____
CONDITION_____ CONDITION_____

THROAT: NORMAL_____ POSTURE: NORMAL_____
CONDITION_____ SCOLIOSIS_____

URINE: GLUCOSE_____
PROTEIN_____

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BLOOD PRESSURE_____ HEIGHT_____ WEIGHT_____
ALLERGIES_____
REACTION_____
OTHER CONDITIONS_____

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IS THIS CHILD PHYSICALLY FIT TO PARTICIPATE IN THE SCHOOL'S PHYSICAL EDUCATION PROGRAM WHICH INCLUDES SWIMMING? YES_____
UNRESTRICTED_____RESTRICTED_____
_____

PLEASE LIST ANY MEDICATIONS/TREATMENTS WHICH SHOULD BE GIVEN AT SCHOOL_____
_____

CHICKENPOX HISTORY_____

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PLEASE INCLUDE AN ELECTRONIC LIST OF IMMUNIZATION HISTORY

PHYSICIAN'S
SIGNATURE_____DATE_____

Immunization	Date	Date	Date	Date	Date
DTaP					
Polio					
Hepatitis B					
MMR					
Varicella					
HIB					
Hepatitis A					
Tdap					
Meningococcal					