

JLCA-R

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 _____

Orthopedic _____

Skin _____

Hernia _____

Nervous System (specify if epilepsy) _____

Speech _____

Remarks or special instructions: Previous Diseases and Operations:

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

See Policy JLCA

First Reading: September 14, 2010

Second Reading: October 12, 2010

Final Adoption: October 12, 2010