

SPORT: _____



Bay Shore Union Free School District

Evelyn Blose Holman, Ph.D., Superintendent of Schools

Private Physician's Report of Student Medical Examination

LAST Name _____ FIRST Name _____ DOB _____

Address _____ School _____ Grade _____ Sex _____

Immunization record attached

Immunizations and Dates

	Date	Date	Date		Date	Date	Date	Date	Date
MMR				DTaP					
Varicella				Hib					
Hepatitis A				Polio					
Tdap				Hepatitis B					
Td/Dt				Pneumococcal					
HPV				Meningococcal					
				Tuberculin Test					

Height _____ Weight: _____

Blood Pressure: _____

Body Mass Index: _____

Weight Status Category (BMI Percentile):

Vision - [R] 20/____ [L] 20/____ with / without glasses

less than 5th 5th through 49th 50th through 84th

Hearing - pass 25 db sc both ears or: [R] ____ [L] ____

85th through 94th 95th through 98th 99th and higher

EXAM ENTIRELY NORMAL

UA: _____ Scoliosis: _____

Specify any abnormality: _____

Allergies: _____ Asthma: _____

Medication: _____

Recommendations: Full activity/Sports/PE:

Modified activity/Restrictions: _____

A complete physical examination of this patient has been performed on (date) : _____

Provider's signature: _____ Provider's stamp: (required)