



**St. Mary Catholic Middle School
 Physical Examination Report**

Student Name: _____ **Grade:** _____

Parent Names: _____ **Birthdate:** _____

Address: _____ **Phone:** _____

Medical Conditions of Concern to School Personnel:

Any Physical Limitations or School Activity Restrictions:

Prescribed Medications:

Vision: **R: 20/** _____ **L: 20/** _____

Hearing: **R Ear:** _____

L Ear: _____

Immunizations: List all immunizations given to date, including infant immunizations.

Please circle appropriate immunization	Please circle appropriate immunization		
DTP/DTaP/DT/Td: 1	OPV/IPV: 1	MMR: 1	Hep B: 1
DTP/DTaP/DT/Td: 2	OPV/IPV: 2	MMR: 2	Hep B: 2
DTP/DTaP/DT/Td: 3	OPV/IPV: 3	HIB: 1	Hep B: 3
DTP/DTaP/DT/Td: 4	OPV/IPV: 4	HIB: 2	TB Test/ Result:
DTP/DTaP/DT/Td: 5	OPV/IPV: 5	HIB: 3	Varicella Vaccine:
Td Booster:		HIB: 4	Chickenpox Disease:

Date of Examination: _____ **Address:** _____

Examining Physician Signature: _____