

**PHYSICIAN: Please complete and return to**  
Woodsville Elementary School  
206 Central Street  
Woodsville, New Hampshire 03785  
(603) 747-3363/ 747-3247-(f)

**PHYSICAL EXAMINATION FORM**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies to Medicine: \_\_\_\_\_ Other Allergies: \_\_\_\_\_

Routine Medications: \_\_\_\_\_

**IMMUNIZATIONS: (month / day /year):**

DtaP/DPT	_____	_____	_____	_____	_____	Td	_____	_____
IVP/OPV	_____	_____	_____	_____	_____	MMR	_____	_____
HIB	_____	_____	_____	_____				
Hep B	_____	_____	_____					
Varicella (varivax)	_____	_____						

**HEALTH HISTORY: (give dates)**

Allergy: _____	Heart Disease: _____
Asthma: _____	Operations: _____
Chicken Pox: _____	Serious Injuries: _____
Diabetes: _____	Strep Throat: _____
Ear Infections: _____	Seizures: _____

**DATE OF EXAM:**

Height: _____	Vision: _____
Weight: _____	Hearing: _____
Blood Pressure: _____	

**PHYSICAL EXAM:**

Normal: \_\_\_\_\_  
Exception/Abnormalities: \_\_\_\_\_

**DEVELOPMENT: (for preschool, kindergarten, school age)**

Normal \_\_\_\_\_ Delayed \_\_\_\_\_

Recommendation regarding medical / developmental needs:  
\_\_\_\_\_

**MAY PARTICIPATE IN: (for school, athletic programs)**

All forms of athletics or programs? YES NO

Any restrictions or recommendations based on medical findings:  
\_\_\_\_\_

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physicians Address: \_\_\_\_\_ Phone: \_\_\_\_\_