

Physician Report

PP-76

Child's Name _____ Date of Birth _____ Date of Exam _____

Height _____ Weight _____

Physical Examination

Essentially Normal _____ Abnormalities as follows: _____

Please specify allergy (if applicable) Food _____ Medication _____ Other _____

Physician ordered treatment includes (circle) Epinephrine Autoinjector Antihistamine Multi Dose Inhaler

Is the child able to participate fully in:
 Classroom and academic activities? Y N
 Physical Education classes? Y N
 Competition athletics? Y N
 Contact and collision sports? Y N

Limitations include:

IMMUNIZATION INFORMATION					
DPT					
MMR					
HEP B					
POLIO					
VARICELLA					
Varicella Date of Disease					
HIB					
TB Test/Result					

If this child has any physical, developmental or behavioral problems, how should the school plan to assist with special programs, placement or attention?

Physician's Assessment Summary

Problems:

Recommendations:

The following requirements apply to children enrolled in an Early Childhood Education Grant Program or Preschool Special Education Program:

Assessment/Screening	Completed? (circle response)		Date of Completion	Reason not completed (religious conviction, insurance coverage, physician determination)
	Yes	No		
Vision	Yes	No		
Hearing	Yes	No		
Dental	Yes	No		
Lead	Yes	No		
Hemoglobin/HCT	Yes	No		

Physician Signature _____ Date _____