

MEDICAL DEPARTMENT

UTICA CITY SCHOOL DISTRICT

PHYSICAL EXAMINATION FORM

TO THE PARENT/GUARDIAN:

STATE EDUCATION LAW, SEC. 903, MANDATES: A HEALTH CERTIFICATE SHALL BE FURNISHED BY EACH PUPIL IN THE PUBLIC SCHOOLS UPON HIS ENTRANCE IN SUCH SCHOOLS AND BY EACH CHILD ENTERING THE 1ST, 3RD, 7TH, AND 10TH GRADE THEREOF. An examination of any child may be required by the local school authorities at any time in their discretion to promote the educational interests of such child.

PUBLIC HEALTH LAW, SEC. 2164, REQUIRES IMMUNIZATION AGAINST MEASLES, MUMPS, RUBELLA, DIPHTHERIA, POLIO, HEPATITIS B AND CHICKENPOX (VARICELLA). This means that every child entering school must present a certificate indicating that he/she has been immunized against all of these diseases.

TO THE EXAMINING PHYSICIAN: Please complete the form below.

NAME OF PUPIL _____
ADDRESS _____ SCHOOL _____

DATE OF EXAM _____ BIRTHDATE _____ HT _____ WT _____ BP _____

Eyes _____
Lymph Nodes _____
Nose _____
Teeth (temp) _____
(perm) _____
Lungs _____
Orthopedic (struct) _____
(post) _____
Skin _____
Nutrition _____

Ears (Otoscope) _____
Thyroid _____
Tonsils _____
Gums _____
Heart _____
Hernia _____
Genito-urinary _____
Nervous system (epilepsy) _____
Speech _____
Other _____

ANY SPECIAL RECOMMENDATIONS/REMARKS? _____

DIPHTHERIA VACCINE DATES (DTP): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
POLIO VACCINE DATES (OPV): 1 _____ 2 _____ 3 _____ 4 _____ 5 _____
MEASLES VACCINE DATES: 1 _____ 2 _____
RUBELLA VACCINE DATE: _____
MUMPS VACCINE DATE: _____
HIB VACCINE (pre-K): _____
HEPATITIS B VACCINE DATES: 1 _____ 2 _____ 3 _____
VARICELLA VACCINE _____

Return to Medical Office, UCSD
1115 Mohawk St. Utica, New York 13501
or to the School Nurse

PHYSICIAN'S SIGNATURE