

# EAST MORICHES UNION FREE SCHOOL DISTRICT

9 Adelaide Avenue  
East Moriches, New York 11940

Fax 878-0186  
Phone 878-0162

## PHYSICAL EXAMINATION

**NOTE:** Physicals for K, 1<sup>st</sup>, 3<sup>rd</sup>, 7<sup>th</sup>, and new students will be accepted up to 12 months prior to the commencement of the school year in which the examination is required. This doesn't pertain to sports physicals. PPD is required on entrance. (within 2 years)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Eye Defects: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Ears (Otosopic): \_\_\_\_\_ Posture: (Scoliosis) \_\_\_\_\_

Nose: \_\_\_\_\_ Skin: (Non-Comm) \_\_\_\_\_

Tonsils: \_\_\_\_\_ Nervous System: \_\_\_\_\_

Heart: \_\_\_\_\_ Lungs: \_\_\_\_\_

Nutrition: \_\_\_\_\_ Hernia: \_\_\_\_\_

Genito-Urinary: \_\_\_\_\_

Any long term conditions? \_\_\_\_\_

Any restriction on play or physical education activities? \_\_\_\_\_

Any medication taken on a regular basis? \_\_\_\_\_

### Immunization and Tests:

Trivalent oral polio vaccine: \_\_\_\_\_

EIPV \_\_\_\_\_

Diphtheria vaccine (DPT- DT) \_\_\_\_\_

Live virus measles vaccine: \_\_\_\_\_

Hepatitis B vaccine \_\_\_\_\_

Live virus mumps vaccine \_\_\_\_\_

M.M.R. \_\_\_\_\_ PPD Date \_\_\_\_\_ Result \_\_\_\_\_

Required on entrance (within 2 years)

HIB \_\_\_\_\_

Varicella \_\_\_\_\_ Dr. diagnosed disease \_\_\_\_\_

Lead test: Date: \_\_\_\_\_ Result: \_\_\_\_\_

Other: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Stamp \_\_\_\_\_