LEWISTON-PORTER CENTRAL SCHOOL DISTRICT
4061 Creek Road, Youngstown, NY 14174
716-754-8281

PHYSICAL EXAM FORM – FILL IN COMPLETELY

NAME_____ □ M____ □ F____ Date of Birth___/___/___
Grade_____

Physical Exam Date___/___/___ Ht. _____ Wt. _____ BP_____/_____ Pulse: _____

	Normal	Abnormal
General Appearance		
Nutrition		
Skin		
Head		
Eyes		
Ears		
Nose/Throat		
Teeth		
Neck: Nodes/Thyroid		
Lungs		
Heart		
Abdomen		
Genitalia		
Musculoskeletal		
Scoliosis	□Negative	□Positive
Neurological		

Vaccination Record
□None given today____ □ Record attached____

	1st	2nd	3rd	4th	5th
DtaP					
Tetanus (Td)			Tdap		
Polio					
HIB					
Hepatitis B					
MMR					
Varivax/Chicken Pox			Had disease yr._____		
HPV-Females					
Hepatitis A					
Pneumococcal					
Menactra (Meningitis)					
Other					

MUST BE COMPLETED PER NYSED LAW, SECTION 903

Body Mass Index_____

Weight Status Category (BMI Percentile)

□ Less than 5th □ 5th through 49th

□ 50th through 84th □ 85th through 94th

□ 95th through 98th □ 99th and higher

Medical History

Asthma? □Yes □ No History_____
Needs inhaler at school_____

Allergy? □Yes: to_____
Needs Benadryl/Epipen at school?_____
(**Send permission slip and meds *first day of school***)

Surgical History/Significant Conditions:_____
_____

Medications taken regularly? Yes____ No____
List:_____

All medications, ***including over the counter drugs*****,** needed in school require a Doctor's authorization (form on back).

Is this student physically qualified for all school activities including athletics? □ Yes □ No

Comments/Restrictions:_____

_____

_____ _____
Provider's Name (Please print or stamp) Provider's Signature

Phone_____ Date_____