



AGUDATH ISRAEL NURSERY SCHOOL

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2008/09 HEALTH EXAMINATION

**THIS FORM IS TO BE COMPLETED BY CHILD'S PHYSICIAN.
THE FORM MUST BE COMPLETED BY THE FIRST DAY OF SCHOOL.**

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

PHYSICAL EXAMINATION

Height _____ Weight _____ Blood Pressure _____
Visual Acuity: _____ Left Eye _____ / _____ Right Eye _____ / _____
Skin and Scalp _____ Hernia _____
Ears _____ Hearing _____ Lymph Nodes _____
Nose _____ Endocrine _____
Throat _____ Digestive Organs _____
Lungs _____ Nutrition _____
Nervous System _____ Speech Impediment _____
Heart _____ Feet _____
Scoliosis _____ Dentition _____
Other _____
Positive Medical _____
Allergies _____

Communicable Diseases: Measles _____ Mumps _____
Chicken Pox _____ German Measles _____

Immunization Record: (MO/DAY/YR)
DPT 1. _____ 2. _____ 3. _____
Boosters _____

Polio Vaccine 1. _____ 2. _____ 3. _____
Boosters _____

Hepatitis B _____ Varivax (Chicken Pox) _____
Measles/Mumps/Rubella _____
HIB 1. _____ 2. _____ 3. _____
TB Test _____ (Date, Type, Results)
Varicella _____ (Date, Type, Results)

Other Immunization info _____

M.D. Signature _____ Phone _____