

Gloversville Enlarged School District Health Examination Form

Date of exam _____ School _____ Teacher _____

Name _____ DOB _____ Grade _____

Please attach a copy of all immunization dates and TB test dates and results. New York State requires students to have the following immunizations: 3-DPT, 3 Polio, 3 Hepatitis B, 1 Varicella **(if born after 1/1/1998)**, 2 MMR's or (2 Measles and 1 Mumps and 1 Rubella). DPT and Polio boosters are recommended

Pertinent information from previous year, such as communicable disease, accident, extended illness, surgery etc. _____

Height:	Weight:	Hernia:	
Eyes Diseases:			Genitourinary:
Ear Diseases:		Urinalysis:	
Glands Lymph:		Orthopedic:	
Thyroid:		Posture:	
Other:		Feet:	
Nose:		Skin:	
Tonsils:		Nervous System Epilepsy	
Heart:	B/P:	Speech:	
Lungs:		Nutrition:	

1) Does this student have a chronic or irremediable defect? _____

2) Is this student taking medication? _____

3) Should there be any modification of school program (PE included)? If so, Give reason _____

4) Are there any problems relating to growth, development or nutrition with which the school could help? _____

5) Is there any existing condition which could lead to irregular school attendance? _____

Physician's Signature M.D.