

WEBUTUCK CENTRAL SCHOOL DISTRICT

PO Box 405, Amenia, NY 12501

Webutuck Elementary
(845) 373-4122
Fax (845) 373-4113

Eugene Brooks Intermediate
(845) 373-4114
Fax (845) 373-4113

Webutuck Jr.Sr. High
(845) 373-4106
Fax (845) 373-4113

Private Physician's Health Exam Report

Student Name _____ Grade _____ DOB _____

Allergies _____

Medication Taken _____

Significant Health History _____

Immunizations:

Hep B _____

Polio _____

MMR _____

DPT _____

Hib _____

Meningococcal _____

Varicella _____

Tdap _____

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____

				Referral
Body Mass Index: _____ - _____ Weight Status Category (BMI Percentile): <input type="checkbox"/> less than 5 th <input type="checkbox"/> 5 th through 49 th <input type="checkbox"/> 50 th through 84 th <input type="checkbox"/> 85 th through 94 th <input type="checkbox"/> 95 th through 98 th <input type="checkbox"/> 99 th and higher	Vision – without glasses/contact lenses	R	L	
	Vision – with glasses/contact lenses	R	L	
	Vision – Near Point	R	L	
	Hearing - <input type="checkbox"/> Pass 20 db sc both ears or:			

Nutrition _____	Lymph Glands _____
Scoliosis _____	Lungs _____
Feet _____	Heart _____
Skin _____	Abdomen _____
Nose _____	Hernia _____
Tonsils _____	Ears _____
Teeth _____	Speech _____
Thyroid _____	Nervous System _____
Tanner Stage _____	Eyes _____

- Has this child ever been diagnosed with:
 Seizure Disorder, Yes _____ No _____ Diabetes: Yes _____ No _____ Asthma: Yes _____ No _____
 Heart Murmur: Yes _____ No _____ Hyperlipidemia: Yes _____ No _____
 Hypertension: Yes _____ No _____ Other: _____
- Is this child capable of carrying a full program of schoolwork including physical education and athletics? YES _____ NO _____
- Must the school program be modified to meet the needs of this child? _____

REMARKS: _____

Signature of MD _____ Printed Name/ Phone _____

Date of Exam _____