HANCOCK PLACE SCHOOL DISTRICT PHYSICAL EXAMINATION FORM

This physical examination may be completed by a Medical Doctor (MD) or Doctor of Osteopathy (DO) RETURN BY THE FIRST DAY OF SCHOOL

Student's Name		Address	booksed algoritary namen variety op de groeinge brookse de groeinge brookse en de groeing op de groeing op de g	seeghb A. es
School	Grade	Date of B	irth	il ot el con
Please check all items examined: Detail positive findings				
HeightWeightTeet	n/GumsL	ymph Glands	_Urinalysis	Nose
Hernia Heart Throat	Tonsils	Ears	Lungs	
Skin/HairPosture	Nutrition	B/PPulse_	Eyes	163124(3/ <u>1</u>
Vision (R)(L)	_Audio	Allergies	Orthop	edic
Tuberculin Test If positive date x-ray/Treatment (kind) (neg.) (positive)				
Immunizaations:list all given with this physical.				
Record of Immunizations:DPT				
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Positive Finding:	· · · · · · · · · · · · · · · · · · ·	Office people of other	on or throughous	ionedo. Tir
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Correction or Follow Up		de terror para la codos. Todos	- Handrin a za rej fo Takilan ina diamento	
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Should physical activity be restricted	? YES	NO	If yes, specify_	
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