

**FOR PRIVATE PHYSICIAN'S PHYSICAL
MALVERNE PUBLIC SCHOOLS**

Name _____ Date of Birth _____ Grade _____
 Address _____ Tel. No. _____ Room _____

VACCINE	DATE	VACCINE	DATE
OPV/IPV 1		Hib 1 - Tetra	
OPV/IPV 2		Hib 2 - Tetra	
OPV/IPV 3		Hib 3 - Tetra	
OPV/IPV 4		Hib 4 - Tetra	
DTP 1		Hep B 1	
DTP 2		Hep B 2	
DTP 3		Hep B 3	
DTP/DTaP 4		HAV 1	
DTP/DTaP 5		HAV 2	
TdaP		HAV 3	
DT		Varivax: Disease	
Td		Varivax: Titre	
Td		Varivax: Adm	
Td		Varivax: Adm	
MMR		Varivax: Adm	
MMR		Gardasil	
MMR		Gardasil	
TB		Gardasil	
Flu		Pneumococcal	
Meningococcal		Pneumococcal	
Meningococcal		Pneumococcal	
Meningococcal		Pneumococcal	

Dear Parent or Guardian:

State Education Law — Section 903

"A health certificate shall be furnished by each pupil in the public schools upon his entrance in such schools and by each child entering into school, second, fourth, seventh and tenth grade thereof. An examination of any child may be required by the local school authorities at any time in their discretion to promote the educational interests of such child."

Such an examination can best be done by your family physician. We respectfully urge, therefore, that you take your child to your family physician for examination, and have him record the information on this form. An additional examination card for boys participating in interscholastic sports may be obtained from the coach for use of the family physician.

If your child is to be given a physical examination for summer camp, or for any other reason, it may save you time to have this school blank filled out at that time. Examination reports are to be returned to the child's teacher by October 15. Any children, in grades specified above, whose parents do not present a report of examination will be given a health appraisal under school auspices.

Signature of physician _____ Date _____

Address _____

Telephone _____

Please be sure this form is signed,
stamped and dated by the doctor.

(over)

Height _____ Weight _____ Blood Pressure _____

Asthma or any problem which may affect school activity _____

Eyes _____

Otological _____

Lymph Nodes _____

Thyroid _____

Nose _____

Tonsils _____

Teeth _____

Heart _____

Lungs _____

Hernia _____

Genitor-Urinary _____

Orthopedic { Structural _____

{ Posture _____

{ Feet _____

Scoliosis _____

Skin (non-commun.) _____

Epilepsy _____

Nervous System _____

Speech _____

Nutrition _____

Medications _____

Other _____