

Audubon Public Schools Physical Exam and Immunization Record

Name _____ Grade _____ Birthdate _____

Physical Exam

exam must be done no more than 365 days prior to entrance

Ears _____ Hearing _____
Eyes _____ Vision _____
Lymph Glands _____
Thyroid _____
Nose _____
Throat _____
Teeth-Mouth _____
Heart _____
Lungs _____
Abdomen _____
Hernia _____
Genito-urinary _____

Orthopedic Structural _____
 Posture _____
 Feet _____

Skin _____
Nutrition _____
Nervous System _____
Speech _____
Other _____
General Appearance _____

Medical Illnesses _____

Medications _____

Allergies _____

Reaction _____

Height _____ Weight _____

Blood Pressure _____

Recommendations _____

State what, if any, modifications are required for student's full participation in school program _____

Date of physical exam: _____

Dr.'s Name (printed or stamped)

Dr.'s Signature: _____

Immunizations

complete **or** attach immunization record

DTP _____

Tdap _____ (grade 6)

Polio _____

MMR _____

MMR Booster _____

Hib _____

Hepatitis B _____

Varicella Vaccine _____

Varicella Vaccine _____

History or Lab Evidence of Varicella _____

Pneumococcal conjugate series

#1 _____ #2 _____ #3 _____ #4 _____ (13) _____

Meningococcal vaccine _____ (grade 6)

Menactra _____ or Metamune _____

Hepatitis A _____

Influenza Vaccine _____

(required annually until age 5)

TB Screening Tested _____

Read _____

Result _____