

MSGR. McCLANCY MEMORIAL HIGH SCHOOL
71- 06 31ST Avenue
East Elmhurst, NY 11370

REPORT OF PHYSICAL EXAMINATION BY PRIVATE PHYSICIAN

NAME _____
Last First Middle

ADDRESS _____
Street Apt # City State Zip

DATE OF BIRTH _____ MALE _____ FEMALE _____

PRESENT HEIGHT _____ PRESENT WEIGHT _____

EXAMINATION: DO YOU FIND ANY ABNORMALITY OF THE FOLLOWING?

Nutrition	Yes _____ No _____	Blood Pressure	Yes _____ No _____
Skin	Yes _____ No _____	Lungs	Yes _____ No _____
Allergies	Yes _____ No _____	Abdomen	Yes _____ No _____
Eyes	Yes _____ No _____	Orthopedic	Yes _____ No _____
Hearing Difficulty	Yes _____ No _____	Skeletal	Yes _____ No _____
Nose/Throat	Yes _____ No _____	Genitals	Yes _____ No _____
Teeth/Gingival Disease	Yes _____ No _____	Neuro Muscular	Yes _____ No _____
Glands	Yes _____ No _____	Emotional Status	Yes _____ No _____
Heart	Yes _____ No _____	Scoliosis	Yes _____ No _____

IF ANY OF THE ABOVE WERE CHECKED YES, PLEASE ELABORATE IN THIS SPACE.

MEDICAL HISTORY: SERIOUS ILLNESS, OPERATIONS, ACCIDENTS, HANDICAPPING CONDITIONS (CONGENITAL OR ACQUIRED)

IS STUDENT UNDER TREATMENT? YES _____ NO _____

SHOULD THIS STUDENT HAVE RESTRICTIONS ON SPORTS OR PHYSICAL EDUCATION ACTIVITIES? YES _____ NO _____

OTHER RECOMMENDATION OR INFORMATION THAT MAY BE HELPFUL IN THE EMOTIONAL, SOCIAL OR PHYSICAL DEVELOPMENT OF THIS STUDENT.

PHYSICIAN'S STAMP

DATE

PHYSICIAN'S SIGNATURE

TELEPHONE NUMBER