



28702 EUCLID AVE. | WICKLIFFE, OHIO 44092 | 440-943-1395 | FAX: 440-943-4468 | ALLSAINTSSJV.ORG

PHYSICIAN'S MEDICAL REPORT
School: All Saints of St. John Vianney

Name of Child: Birthdate: Month/Day/Year

Address/City/State/Zip:

EXAMINATION

Date: B P:

Height: Weight:

Eyes: Vision: R. 20/ L. 20/

Ears: Hearing Test: Type: R L

Nose: Throat:

Mouth: Teeth:

Is dental work indicated? Yes No

If so, are plans being made? Yes No

Posture: General Condition:

Skin: Orthopedic:

Neck: Nervous System:

Heart: Lungs:

Abdomen: Hernia:

Genitalia: Urinalysis:

Remarks and Recommendations:

IMMUNIZATIONS

DPT: Dates: 1st 2nd 3rd 4th 5th (Diphtheria, Pertussis, Tetanus)

Td/Tdap booster dose: (required prior to entering seventh grade)

Polio Vaccine Dates: 1st 2nd 3rd 4th 5th

MMR (combined) (Dates) 1st 2nd (Received after first birthday)

Hepatitis B (Dates): 1st 2nd 3rd

Varicella Vaccine Date: One dose required for Grades 3-4

Varicella Vaccine (2 doses required for children entering kindergarten 2012-2013 and thereafter)

1st dose 2nd dose

TUBERCULIN TEST (not required)

Date: Type Results: Positive Negative

(Signature of Physician)