



AMHERST CENTRAL SCHOOL DISTRICT

PHYSICIAN'S HEALTH ASSESSMENT

Sacred Heart Academy
3860 Main Street
Buffalo, NY 14226-3398

School:
Grade:

Name:
Address:

Date of Birth:
Phone:

IMMUNIZATIONS

PREVIOUSLY SUBMITTED

Table with columns: 1ST, 2ND, 3RD, BOOSTER, BOOSTER and rows: DPT/DTaP, OPV/IPV, HIB, HEP B, MMR, VARIVAX, OTHER

Table with columns: DATE, RESULT and rows: LEAD, TUBERCULIN

MEDICAL HISTORY

- 1) Significant medical/surgical history:
2) Allergies:
3) Medications taken regularly:
4) Medication to be given in school: Name: Dosage/Time:
5) Modification/restriction in physical education:

PHYSICAL EXAM

Height: Weight: B.P. Pulse: Urine:

Table with columns: Normal, Abnormal, Comments and rows: General Appearance, Skin, Head, Eyes, Ears, Nose & Throat, Neck, Lungs, Heart, Abdomen, Genitalia, Musculoskeletal, Scoliosis, Neurological

- Physically qualified for participation in all sports
Sports participation limited to:
Physically qualified for employment

I have performed a complete physical examination on this child. I certify that there have been no changes in his/her health status since the last exam.

Provider's Name:

Provider's Signature:

DATE OF EXAM: