

Loudonville Christian School, Loudonville, New York 12211  
**Family Physicians Physical Examination**

Name _____ Age _____ Grade _____	
Height _____ Weight _____ B.P. _____ Pulse _____ Respiration _____	
Visual Acuity: Without Glasses L _____ R _____ With Glasses L _____ R _____	
Hearing Test: L _____ R _____	Medication, if taken in school _____
Eyes _____	Genito-Urinary _____
Ears (otoscopic) _____	Ortho-Structural _____
Lymph Nodes _____	Pedic Posture _____
Thyroid _____	Feet _____
Nose _____	Skin (non-commun.) _____
Tonsils _____	Epilepsy _____
Teeth _____	Nervous System _____
Heart _____	Speech _____
Lungs _____	Nutrition _____
Hernia _____	Scoliosis Check _____
Other _____	Allergies _____
<i>DISQUALIFICATIONS/LIMITATIONS</i>	
Child is qualified to participate in ALL sports with the exception of _____ NO Exceptions _____	
Studies: (X-ray, lab, etc.) _____	
Signature of Physician _____	Date _____

**N.Y. STATE REQUIRED IMMUNIZATIONS FOR ADMISSION TO SCHOOL**

IMMUNIZATIONS AND DATES GIVEN:
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Poliomyelitis (TOPV/IPV) _____			
DPT _____			
DT _____			
Hepatitis B _____			
Mumps _____	DATE	RESULT	
Measles _____	TB Test	_____	_____
Rubella (German Measles) _____	Lead Screening	_____	_____
HIB _____	Chest X-Ray	_____	_____
Varivax _____			