

MEDICAL EXAMINATION OF ELEMENTARY SCHOOL PUPIL BY PHYSICIAN

(TO BE FILLED IN BY THE PHYSICIAN)

Name of Student _____ Age _____ Grade _____

Street _____ City _____ State _____ Zip _____

IMMUNIZATION REQUIREMENTS

Tennessee State Law requires proof of immunizations (shots) for a child to attend school. We must have the new Tennessee Permanent Immunization Certification completed by the Hamilton County Health Department before a child begins school.

1. Significant illnesses, accidents, operations, congenital defects, family history, etc.:

2. Significant factors in home situation: _____

3. Please indicate below, by a check in the column on the left, any positive findings on medical examination, or any handicapping disability, and describe fully in section on right (**if no check appears, condition will be assumed to be normal.**)

SKIN _____ LUNGS _____

EYES _____ ABDOMEN _____

EARS _____ HERNIA _____

NOSE & THROAT _____ EXTREMITIES _____

MOUTH _____ GENITO-URINARY _____

GLANDS _____ NUTRITIONAL STATUS _____

HEART _____ TEETH _____

VISION (if done): R _____ L _____ HEARING(if done): R _____ L _____

Height _____ Weight _____

4. Specify medical recommendations to school for academic and activity program, if necessary:

Examining Physician _____ Date of Exam _____

A.W. SPALDING ELEMENTARY SCHOOL
(423) 396-2122 Fax (423) 396-2218