



**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, any positive findings on medical examination, or any handicapping disability, by describing fully in the provided section.

**(if no description 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 Signature \_\_\_\_\_ Date of Exam \_\_\_\_\_