YONKERS PUBLIC SCHOOLS

Student Health History and Physical Examination

Student's Name: _____ **DOB:** _____ ☐ **M** ☐ **F**

Address: _____ **SCHOOL** _____ **GRADE** __

Hospitalizations/Surgery: _____

_____

_____

Medications: _____

Ht: _____ **Wt:** _____ **BMI:** _____ **BP:** _____/_____

Vision: R____/____ L____/____ **Hearing:** _____ **Scoliosis:** ☐ **Yes** ☐ **No**

Allergies: Foods_____ Meds _____
Other _____ Anaphylaxis _____EPI pen ☐ Yes ☐ No

Asthma: ☐ Active ☐ Inactive ☐ Asthma Action Card® **Diabetes:** ☐ Type 1 ☐ Type 2 ☐ Pump

	WNL	ABNORMAL: comments
Skin		
Skeletal		
HEENT		
Neck		
Lung		
Heart		
Abd/ GI		
GU		
Neuro		

Impression: _____

_____

☐ **Full Physical Activity**

☐ **Restricted Physical Activity**

Vaccine	1st	2nd	3rd	4th	5th
DTaP					
Tdap					
OPV/IPV					
MMR					
Hib					
HepB					
HepA					
Varicella					
Meningococcal					
Pneumococcal					
HPV					

PPD:
Date administered:_____
Results: _____ mm
CXR: ____ **Prophylaxis:** ____

Varicella Disease:
Date:_____

STAMP

Physician Signature _____ **Date** _____

Address: _____

Revised 5/2007 / no