



2017 PHYSICAL EXAMINATION

(completed by health care provider)

Student Name: _____ **Date of Birth:** _____

Drug Allergies & Reaction: _____

Other Allergies & Reaction: _____

Epi-pen and/or inhaler? _____

Current Medications (in addition to listing here, please complete Prescription Medication Instructions form):

Is there any condition that would prevent this child from participating in sports or other physical activities?
No/unrestricted Yes/restricted: _____

Vital Signs	
Height & Weight	

SYSTEM	WNL	COMMENTS AND/OR CONCERNS
HEENT		
Cardiovascular		
Gastrointestinal		
Genitourinary		
Respiratory		
Musculoskeletal		
Neurological		

Please attach a copy of immunization records (or exemption form) and physical exam notes as needed.

I have reviewed this student's health information and performed a physical examination. To the best of my knowledge, this child is in good health and has no limitations to participation at The Putney School (other than those noted in previous notes on this form). Completed by a licensed medical practitioner not related to the student, within 6 months of beginning of school year.

Physician Signature: _____

Physician Name: _____

Address: _____

Phone Number: _____ **Fax Number:** _____



The Putney School, Health Services

418 Houghton Brook Road ■ Putney, VT 05346

healthoffice@putneyschool.org ■ 802.387.6221 T ■ 802.387.6228 F