



2018 PHYSICAL EXAMINATION

Exam by a licensed medical practitioner not related to student within 12 months

Student Name: _____ Date of Birth: _____

Today's Date: _____ Date of Exam: _____

Drug Allergies: _____

Other Allergies: _____

Epipen and/or inhaler? _____

Current Medications (in addition to listing here, please complete Medication Orderform):

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		

Vermont State Immunization Requirements

Please provide dates

Student is medically exempt from the following vaccinations: _____

Diphtheria, Tetanus & Pertussis (DTap) - 5 doses required

1 2 3 4 5

Tdap Booster - 1 dose required

1

Polio (IPV/OPV) - 4 doses required

1 2 3 4

Hepatitis B (Hep B) - 3 doses required

1 2 3

Measles, Mumps & Rubella (MMR) - 2 doses required

1 2

Varicella (Chickenpox) - 2 doses or date of disease (month & year) required

1 2

Meningococcal (Menactra e.g.) - 1 dose required for boarders, 2 doses recommended for all

1 2

TB Skin Test (Mantoux/PPD) - required for all international students

Date of Mantoux/PPD: _____ Interpretation: Positive / Negative

Other Vaccination:

Other Vaccination:

Please attach a copy of immunization records and physical examination 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 Summer Arts (other than those noted in previous notes on this form).

Physician Signature: _____

Physician Name: _____

Address: _____

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