

# The Putney School SUMMER ARTS

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## 2019 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: \_\_\_\_\_

Emergency Medication (epinephrine, inhaler, glucagon, etc)? \_\_\_\_\_

Current Medications (in addition to listing here, please complete Medication Order form):  
 \_\_\_\_\_

Vital Signs	
Height & Weight	

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

Is there any condition that would prevent this child from participating in sports or other physical activities?

NO/unrestricted      YES/restricted: \_\_\_\_\_

**Please attach a copy of any physical examination notes as needed.**

Physician Name: \_\_\_\_\_ Signature: \_\_\_\_\_