

**SETON CATHOLIC MIDDLE SCHOOL  
PHYSICAL EXAMINATION REPORT**

Name of Pupil \_\_\_\_\_ School \_\_\_\_\_ Seton \_\_\_\_\_ Grade \_\_\_\_\_  
 Name of Parent \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Conditions of Concern to School Personnel**

**Any Physical Limitations or School Activity Restrictions**

**Prescribed Medications**

**Vision** R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_  
**Hearing** R ear \_\_\_\_\_  
 L ear \_\_\_\_\_

**Immunizations: List all immunizations given to date, including infant immunizations.**

Please circle appropriate immunization			Please circle appropriate immunization							
	1	2		1	2					
DTP/D1aP/D/Td	1		OPV/IPV	1		MMR	1		Hepatitis B	1
DTP/D1aP/D/Td	2		OPV/IPV	2		MMR	2		Hepatitis B	2
DTP/D1aP/D/Td	3		OPV/IPV	3		HIB	1		Hepatitis B	3
DTP/D1aP/D/Td	4		OPV/IPV	4		HIB	2		TB Test/Result	
DTP/D1aP/D/Td	5		OPV/IPV	5		HIB	3		Vaccella Vaccine	
Td Booster						HIB	4		Chickenpox Disease	

Date of Examination \_\_\_\_\_ Signature of \_\_\_\_\_  
 Address \_\_\_\_\_ Examining Physician \_\_\_\_\_  
 Address \_\_\_\_\_