

**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					
DTP/DTaP/DT/Td	1	OPV/IPV	1	MMR	1	Hepatitis B	1
DTP/DTaP/DT/Td	2	OPV/IPV	2	MMR	2	Hepatitis B	2
DTP/DTaP/DT/Td	3	OPV/IPV	3	HIB	1	Hepatitis B	3
DTP/DTaP/DT/Td	4	OPV/IPV	4	HIB	2	TB test/Result	
DTP/DTaP/DT/Td	5	OPV/IPV	5	HIB	3	Varicella Vaccine	
Td Booster				HIB	4	Chickenpox disease	

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

Address \_\_\_\_\_