



**The Pembroke Hill School**  
**Physical Examination Record • Kindergarten - Grade 5**  
(Completed by physician)

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Male \_\_\_\_ Female \_\_\_\_ Height \_\_\_\_ Weight \_\_\_\_ Blood pressure \_\_\_\_\_ Pulse \_\_\_\_\_

Provide a copy of the doctor's immunization records.

List any diagnosed health concerns (asthma, allergies, diabetes, chronic illness, seizures, etc.):

Has the child ever had a severe allergic reaction to anything (peanuts, bee stings, etc.)?  
If yes, please explain including whether the child needs an Epi-pen at school.

List any current prescribed medications and dosages:

List any past hospitalizations, surgeries or injuries (ear infections, placement of tubes, tonsillectomies, etc.):

Please outline any family medical history that might be important for the school to know:

List any speech/language or motor development concerns that you or the parents have:

Hearing screening: L-ear 500-1000-2000-4000 R-ear 500-1000-2000-4000  
History of: ear infections \_\_\_\_\_ hearing loss \_\_\_\_\_ fluid in ears \_\_\_\_\_

Vision screening: L 20/ \_\_\_\_ R 20/ \_\_\_\_ Both 20/ \_\_\_\_ Glasses \_\_\_\_ Contacts \_\_\_\_ Color Vision \_\_\_\_

Please check if abnormal and comment:

___ Skin _____	___ Mouth & Dental _____
___ Eyes _____	___ Ears _____
___ Lymphatics _____	___ Abdomen _____
___ Genitalia Hernia _____	___ Orthopedic _____
___ Chest & Heart _____	

Significant findings and physician's recommendations to parents and teachers:

Recommendations for Physical Education: \_\_\_\_ Full program \_\_\_\_ Restricted (please explain) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_ M.D.