

# Burlington Catholic School

## Physical Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Family Physician \_\_\_\_\_

Medicine Taken Regularly \_\_\_\_\_

Conditions which could affect school activities \_\_\_\_\_

Please check if your child has had the following illness:

1. Allergies     No    Yes   to Medication \_\_\_\_\_ to Foods \_\_\_\_\_ Latex \_\_\_\_\_
2. Asthma       No    Yes   Medication Name \_\_\_\_\_
3. Chicken Pox    No    Yes   Disease Date \_\_\_\_\_
4. Diabetes       No    Yes   \_\_\_\_\_
5. Ear Infections    No    Yes   \_\_\_\_\_
6. Ear Tubes      No    Yes     Date \_\_\_\_\_     Still in place? R \_\_\_\_\_ L \_\_\_\_\_ Both \_\_\_\_\_
7. Pneumonia     No    Yes     Date \_\_\_\_\_     Hospitalized? \_\_\_\_\_
8. Tonsillitis     No    Yes   \_\_\_\_\_



### Physical Exam

Height (inches) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Hbg \_\_\_\_\_ UA \_\_\_\_\_ Lead \_\_\_\_\_ General Appearance  Healthy    Other \_\_\_\_\_  
Posture:  Normal    Other \_\_\_\_\_ Nutrition:  Good    Fair    Poor \_\_\_\_\_  
Heart & Lungs:  Normal    Other \_\_\_\_\_ Abdomen:  Normal    Other \_\_\_\_\_

### Pertinent Family History

\_\_\_\_\_

Operations or Injuries \_\_\_\_\_

Examined by: \_\_\_\_\_ Date: \_\_\_\_\_