

HASTINGS PUBLIC SCHOOLS
HASTINGS-ON-HUDSON, NEW YORK 10706
HILLSIDE ELEMENTARY SCHOOL
Phone: 478-6280 Fax: 478 3785

YEARLY HEALTH EXAMINATION

Name: _____ Grade: _____

Date of Exam: _____ Date of Birth: _____

Recent Health History (illness, injuries and/or operations during the last 12 months): _____

Allergies: _____

Physical Examination

Height _____ Weight _____ Blood Pressure _____

Eyes _____ Snellen: w/glasses _____ w/o glasses _____

Ears _____ Nose _____ Lymph _____ Tonsils _____

Thyroid _____ Heart _____ Lungs _____ Abdomen _____

Scoliosis Screening: Positive ___ Negative ___ Nervous System _____ Posture _____

Orthopedic _____ G.U. _____ Urinalysis _____ Seizure Disorders: Y / N

Asthma: Y / N Family History _____

Medications: Acute/Chronic medications: Y / N

Name: _____ Dosage: _____

Route: _____ Frequency: _____

Family History ~ Risk of Sports/Gym _____

Reason for Limitations: _____

Duration of Limitations: _____

Physician Signature: _____ Physician Stamp:

Date of Signature: _____

Immunization Record

Polio OPV							
Polio IPV							
DPT							
Td							
HIB							
Measles							
Mumps							
Rubella							
MMR							
Hepatitis B							
Varicella Vaccine				Disease:			
TB - TYPE							
Other							
Other							