

**HAMPTON SCHOOL DISTRICT
PHYSICAL EXAMINATION REPORT**

New Hampshire State Law (RSA 200:32 Physical Examination of Students) requires that there shall be a complete physical examination by a licensed physician, physician assistant, or advance registered nurse practitioner of each child prior to or upon first entry into the public school system and thereafter as often as deemed necessary by the local school authority. The result of the child's physical examination shall be presented to the local school officials **on a form provided by the local school authorities.**

Student Name: _____ D.O.B.: _____

I. Screenings:

| | | | | | |
|--|--|------|---|----------|----------|
| Hearing Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | | Vision Test <input type="checkbox"/> Pass <input type="checkbox"/> Fail | | |
| Pure Tone: Right | | Left | Uncorrected: | | |
| Impedance: Right | | Left | Right 20/ | Left 20/ | Both 20/ |
| Date | | | Corrected: | | |
| Results | | | Right 20/ | Left 20/ | Both 20/ |
| Lead: | | | Muscle Balance: | | |
| Tuberculin: | | | | | |

II. Immunizations

Immunization chart must be completed by healthcare provider only (insert month/day/year).

| | 1 | 2 | 3 | 4 | 5 | 6 |
|-------------|---|---|---------|-------|---------|---|
| DPT/DTaP | | | | | | |
| DT/Td | | | | | | |
| Tdap | | | | | | |
| Polio (IPV) | | | | | | |
| Polio (OPV) | | | | | | |
| MMR | | | Measles | Mumps | Rubella | |
| HiB | | | | | | |
| Hepatitis B | | | | | | |
| Varicella | | | | | | |
| Other | | | | | | |

Medical Exemption A licensed New Hampshire physician must document immunization exemptions. The reason for the exemption(s) and the duration of exemption(s) must be noted. Please sign and date the notation.

Signature _____ Date _____

III. Health History

Significant past medical history (on a need to know basis):

IV. Physical Examination (0) Normal (X) Abnormal (NE) Not Evaluated

Age _____ BP _____/_____ Pulse _____ Height _____ Weight _____ BMI _____

General Physical/Social Development _____

HEENT/NECK:

CHEST:

HEART:

LUNGS:

ABDOMEN:

SKIN:

GENITOURINARY:

Tanner Maturity 1-5:

Lower Extremities

ROM:

Development:

Strength

Upper Extremities

ROM:

Development:

Strength

OTHER:

V. Findings, Recommendations, and/or Treatments

MD/ARNP/PA Signature

Date of Exam

Office Stamp