

**COVENTRY PUBLIC SCHOOLS  
COVENTRY, RI**

**\*PHYSICAL EXAM**

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_ Grade \_\_\_ Room \_\_\_\_\_

**NOTE: Physical exams must be completed 12 months before to 4 months after school entrance or child will be excluded**

**CODE:** 0 = no defect    1 = slight deviation    2 = requires attention    Tr = under treatment    C = corrected    ND = not done

Height	Eyes	Ears	Abdomen
Weight	<b>*Vision</b>	Nose	Nervous System
Urinalysis	Distance Acuity	Throat	Skin
Hgb/Hct	Near Acuity	Glands	Posture
Blood Pressure	Ocular Alignment	Heart	Scoliosis
Head	Color Vision	Lungs	Extremities

May participate in contact sports/physical education     Yes     No

Limitations \_\_\_\_\_

Comments \_\_\_\_\_

**Date of Exam** \_\_\_\_\_    **Physician's Signature** \_\_\_\_\_

**IMMUNIZATIONS**

(Month, day, and year required)

**\*DPT, DtaP, DT, Td** (indicate type)  
(5 doses required with last dose given after age 4)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**\*MMR** (2 doses)

1. \_\_\_\_\_ 2. \_\_\_\_\_

**\*Hep. B** 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Mantoux (date) \_\_\_\_\_ Result \_\_\_\_\_ mm

HIB (note type) \_\_\_\_\_

**\*Varicella** (2 doses) Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Pneumococcal Conjugate Vaccine (preschoolers):**  
(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_ (4) \_\_\_\_\_

**\*OPV/IPV** (4 doses required with last dose given after age 4)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**\*Lead Screen**

Student is in compliance:     Yes     No

Other \_\_\_\_\_

\_\_\_\_\_  
**Physician's Signature**

**\*Required for entrance to school**

\_\_\_\_\_  
**Physician's Phone**