

**BREMEN PUBLIC SCHOOLS  
PHYSICAL EXAMINATION FORM**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Age: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Teeth: \_\_\_\_\_

Eyes: \_\_\_\_\_

Ears: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat: \_\_\_\_\_

Lungs: \_\_\_\_\_

Heart: \_\_\_\_\_

B/P: \_\_\_\_\_

Posture/Scoliosis: \_\_\_\_\_

Hernia: \_\_\_\_\_

**Urinalysis**

Glucose: \_\_\_\_\_

Protein: \_\_\_\_\_

**TB Test (Optional)**

Date: \_\_\_\_\_

Negative: \_\_\_\_\_

Positive: \_\_\_\_\_

*Immunization Dates*

**DPT, DTaP, DT, Tdap**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

#5 \_\_\_\_\_

**Booster:** \_\_\_\_\_

**OPV/IPV**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

#3 \_\_\_\_\_

#4 \_\_\_\_\_

**MMR**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**Hepatitis B**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**Varicella**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**Hepatitis A**

#1 \_\_\_\_\_

#2 \_\_\_\_\_

**Menactra:** \_\_\_\_\_

**HIB:** \_\_\_\_\_

Are there any physical limitations for this child in the classroom or in physical education class?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Comments:

\_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_