

LANSINGBURGH CENTRAL SCHOOL DISTRICT AT TROY

576 Fifth Avenue, Troy, New York 12182

RENSELAER PARK ELEMENTARY
70 110th Street, Troy, New York 12182
Phone: (518)233-6823 Fax: (518)238-1708



TURNPIKE ELEMENTARY
55 New Turnpike Road, Troy, New York 12182
Phone: (518)233-6822 Fax: (518)235-3593

KNICKERBACKER MIDDLE SCHOOL
320 Seventh Avenue, Troy, New York 12182
Phone: (518)233-6811 Fax: (518)233-6835



LANSINGBURGH HIGH SCHOOL
320 Seventh Avenue, Troy, New York 12182
Phone: (518)233-6806 Fax: (518)233-6835

MEDICAL EXAMINATION RECORD

| | |
|--|------------------|
| Pupil's Name: | Pupil's DOB: |
| Home Address: | Home/Work Phone: |
| <u>PLEASE SIGN FRONT AND BACK</u> | |
| Parent/Guardian: | Physician: |

| Immunizations: | | | | | | | | | | | |
|-----------------------|------|------|------|------|------|-----------|------|------|------|------|------|
| | Date | Date | Date | Date | Date | | Date | Date | Date | Date | Date |
| DPT | | | | | | Hep B | | | | | |
| DT | | | | | | Varicella | | | | | |
| MMR | | | | | | Tdap | | | | | |
| HIB | | | | | | OPV | | | | | |

| Examination: | | Height: | Weight: | Blood pressure: | Pulse: |
|-----------------------------|-------------|--|---------|----------------------|--------|
| Nutrition | Teeth | Hernia | | Orthopedic: | |
| Skin | Tonsils | Genito-Urinary | | Structural | |
| Eyes: Right _____ Squint | Lymph Nodes | Nervous System | | Posture | |
| Eyes: Left _____ Squint | Thyroid | Speech | | Feet | |
| Ears: (Right) | Heart | Epilepsy | | Scoliosis -Screening | |
| Ears: (Left) | Lungs | BMI _____ | | | |
| Nose | Abdomen | Weight Status Category (BMI Percentile): less than 5 th _____ 5 th - 49 th _____, 50 th - 84 th _____ 85 th - 94 th _____ 95 th - 98 th _____ 99 th and higher _____ | | | |

| Medications: | | Allergies/Reactions: |
|---------------------|--------|-----------------------------|
| Name | Dosage | |
| | | |
| | | |

| | |
|-------------------------|----------------------|
| Medical History: | Restrictions: |
| | |

| | |
|---|--|
| Recommended Follow Up Medical Care | Recommended Follow Up Dental Care |
| <hr/> Sports Desired Level of Play: Varsity Jr. Varsity Frosh Modified | <hr/> Maturation Rating: 1 2 3 4 5 |

Physician's Signature

Office Address & Phone

Date of Examination