



Name and Address of School: Notre Dame School 327 W. 13th Street New York, NY 10014

Name of Pupil: Birth Date:

Parent's Name: Tel.:

Home Address:

Business Address: Tel:

Person to notify if unable to contact Parent: Tel:

Physician: Tel:

Address:

Significant Family History:

Significant past Illnesses, Injuries, Operations (Give Dates)

Allergies:

Convulsions:

Special Medications:

Contagious Diseases (give dates if known, otherwise, check mark)

Measles Mumps Whooping Cough Chicken Pox German Measles Scarlet Fever Other

Physical Examination (Phi if normal; if abnormal "X" and explain below or on back)

Table with columns for Date, TESTS, and DATE. Rows include Height, Weight, Blood Pressure, Pulse, Vision, Glasses, Hearing, ENT, Teeth, Heart, Lungs, Breasts, Abdomen, Genitalia, Musculo-Skeletal, Posture and Feet, Skin, Speech, Behavior, Emotional Status.

Physician's Signature

Date of Exam

Medical Society of the County of New York

ACTIVITY: FULL LIMITED (If limited, explain on face of form)