



COMPASS CLASSICAL ACADEMY

A PUBLIC CHARTER SCHOOL

570 W Main St, Tilton, NH 03276
Tel: 603-729-3370

Email: info@compassclassicalacademy.com
Web: <http://compassclassicalacademy.com>

PHYSICIAN'S REPORT OF ROUTINE PHYSICAL EXAMINATION

Name: _____ Birth Date: _____
School: _____ Grade: _____

PHYSICAL EXAMINATION

Height: _____	Weight: _____	Hemoglobin: _____
Eyes: _____	Vision: _____	Glands: (specify) _____
Ears: _____	Hearing: _____	Heart: _____
Nose: _____	Blood Pressure: _____	Lungs: _____
Teeth: Temporary _____		Orthopedic: _____
Permanent _____		Skin: _____
Tonsils: _____		Hernia: _____
Nutrition: _____		Nervous System: _____
Allergies: _____		(Specify if Epilepsy) _____

Date of last hearing and vision screening: _____

Recommendations and/or special instructions: Previous Diseases and Operations, Allergies etc.: _____

Is this child capable of carrying a full program of school work including gymnastics and athletics?	YES	NO
Must the school program be modified to meet the needs of this child?	YES	NO
Any restrictions of use of stairs?	YES	NO
Any special seating accommodations?	YES	NO
Any rest periods?	YES	NO
Other? _____		

PLEASE ATTACH IMMUNIZATION RECORD TO THIS REPORT

Date of Examination

Physician's signature

Phone Number