

**The Wellington School
Physical Exam Report
(A physical exam is required for new, Little Jag, and PK students only)**

Student's Name _____ **Grade** _____

Healthcare provider, check one:

_____ Exam entirely within normal limits

_____ Abnormalities as follows:

Can student carry out a full program of school work?

Yes _____ No _____

Restrictions:

Healthcare Provider's Signature _____ **Date** _____

IMMUNIZATIONS Not all date boxes will be filled. A separate list may be attached.

	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr	Mo	Day	Yr			
DTaP/DT/Td	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
Polio	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
Hepatitis B	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
MMR	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
Varicella	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
Tdap (7 th grade)	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
Meningococcal (7 th & 12 th)	/	/		/	/		/	/		/	/		/	/		/	/		/	/	
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Screening Tests	Date	Results
Muscle Balance		
Farsightedness		
Color		
Distance Acuity		Right Left
Hearing		Right Left

**The Wellington School
Dentist's Report**

Student's Name _____ **Grade** _____

The following services have been performed:
(Please check all that apply)

_____ Radiographs

_____ Oral prophylaxis

_____ Fluoride treatment

_____ Restorations

The following statements are applicable:
(Please check all that apply)

_____ All necessary services have been performed

_____ No restorative services are required at this time

_____ Further treatment is indicated

_____ Future appointments have been arranged

Comments:

Dentist's Signature

Date