

BISHOP BRADY HIGH SCHOOL

25 Columbus Ave., Concord, NH 03301 Tel: 603 224-7418, Fax 603 228-6664

PHYSICAL EXAMINATION AND IMMUNIZATION RECORD

Student Name _____ DOB _____ Gender _____
Date of This Exam _____

HISTORY

Pertinent PMH

(Also, circle, if positive) prior chest pain or syncope with exertion, ↑BP, murmur, unexplained SOB or fatigue with exercise

Pertinent FH

(Also, circle) premature death or morbidity from CVD in a relative younger than 50, or history of Marfan's Syndrome

PHYSICAL EXAM

BP _____ P _____ Hgt _____ Wgt _____ BMI _____ Visual Acuity _____ Corrective Lenses _____

Mental/Emotional Status _____

Heart (?Murmur...) _____

Skin _____

Abdomen _____

HEENT _____

Extremities _____

Neck, Thyroid _____

Neurological _____

Lungs _____

Genitals/Hernia _____

*****ANY Restrictions on SPORTS participation while in High School _____

Past Number of Concussions (what year/s) _____

CURRENT MEDS

LEARNING DISABILITIES (explain) _____

ANY concerns that we should be aware of? _____

ALLERGIES _____ ?Use of EpiPen _____ (need form regarding)

IMMUNIZATION RECORD

History of chicken pox Year _____

TB risk (circle High/Low)

Polio (last received after the 4th birthday) _____ (Please circle IPV or OPV)

Tetanus-Diphtheria-Pertussis (DtaP, DTP, DT) _____

Td _____

Tdap _____

MMR _____

Hepatitis B Vaccine Series _____

Varivax _____

Others: _____

MANDATORY for High Risk or International Students

Mantoux Date _____ Result _____ If positive, Date and Result of Chest Xray _____

SIGNATURE of Health Care Provider _____ DATE _____

Please Print Name _____

Telephone (____) _____ Fax (____) _____