

FRIENDS SELECT

**PHYSICIAN'S FORM**  
**2011 - 2012**  
 (Physician Signature Required)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_ Corrective Lenses?  yes  no

Hearing: R \_\_\_\_\_ L \_\_\_\_\_ Hearing Appliances?  yes  no

Allergies \_\_\_\_\_

Allergy Management \_\_\_\_\_

History of Asthma  yes  no Asthma Management \_\_\_\_\_

**Physical Education (To be completed for all students)**

**Is this student capable of participating in the physical education and interscholastic athletic programs at Friends Select School for the 2011-2012 school year?**

yes  no

**Physical Exam (To be completed for all new students and those entering grades 6 and 11)**

	Normal	Abnormal	Please document significant medical history and current health issues
<b>General</b>			
<b>Neurologic</b>			
<b>HEENT</b>			
<b>Respiratory</b>			
<b>Cardiovascular</b>			
<b>GI/GU</b>			
<b>Skin</b>			
<b>Musculoskeletal</b>			

Tuberculosis Screen (New Students and those entering grade 9) Date \_\_\_\_\_ Result \_\_\_\_\_

Scoliosis Screen (New students and those entering grades 6 and 7) Date \_\_\_\_\_ Result \_\_\_\_\_

Plan of care \_\_\_\_\_  
 \_\_\_\_\_

**PHYSICIAN SIGNATURE REQUIRED ON BACK**

**PHYSICIAN FORM (continued)**

**Current Medications** (All medications taken by student, including those taken on non-school hours)

Medication	Diagnosis	Dose	Schedule

<p><u>Physician Notes</u></p>
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**Immunization History**

Immunization	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr	mo/day/yr
Diphtheria/Tetanus/Pertussis						
Haemophilus influenza-b						
Polio						
Measles/Mumps/Rubella						
Pneumococcal						
Varivax						
Hepatitis B						
Hepatitis A						
Human Papillomavirus						
Meningococcal						
Influenza						

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Office Address \_\_\_\_\_ Phone \_\_\_\_\_

**Return by**  
**August 5, 2011 to:**

**Friends Select School**  
**17th & the Benjamin Franklin Parkway**  
**Philadelphia, PA 19103-1284**

**Tel: 215-561-5900**  
**FAX: 215-864-2979**