ARCHBISHOP MOLLOY HIGH SCHOOL

Not for school but for life

Medical Report. (TO BE COMPLETED BY PHYSICIAN)

Student's Last Name_____**First Name**_____**Middle Initial**____**DOB**_____

VACCINE TYPE	DATES OF VACCINATION				
DPT or Dt or Td	_____	_____	_____	_____	_____
Tdap	_____	_____	_____	_____	_____
Polio TOPV	_____	_____	_____	_____	_____
IVP (Salk)	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
HepatitisB	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
Meningococcal			Other:		

History (Please review parent's history on reverse side and make any pertinent additions)

Allergies_____ Medication Allergies_____

Asthma History Yes_____ No_____ Age of Onset_____ Last Episode (Year) _____

Epi-Pen Prescribed Yes_____ No_____ Medication: Inhaler Type_____

PHYSICAL EXAMINATION: (List all abnormal findings whether handicapping or not)

Weight_____Height_____BMI_____ (____%ILE) _____Blood Pressure_____Pulse_____

Scoliosis check_____

SCREENING TESTS RESULTS - WITHIN THE YEAR

VISION

NEAR: With Glasses R_____ L_____ FAR: With Glasses R_____ L_____

Without Glasses R_____ L_____ Without Glasses R_____ L_____

HEARING (Audiometric Screening

Sweep -- __Pass __FAIL Threshold -- __Pass __Fail

HEMOGLOBIN_____ HEMATOCRIT_____

FOLLOW-UP (Referrals for Follow-up appointments made):

RECOMMENDATIONS FOR PHYSICAL ACTIVITY IN SCHOOL & TRYOUTS FOR SPORTS:

__ **Free from contagions & physically qualified for all physical education, interscholastic sports, work & school activities OR only as checked:**

__ **Limited contact:** cheerlead, gymnastics, ski, volleyball, cross-country, handball, fence, baseball, floor hockey, softball

__**Non-contact:** badminton, bowl, golf, table tennis, archery, weight train, crew, dance, track, run, walk, rope jump

__**Restrictions & or suspected disability:** _____

SIGNATURE OF PHYSICIAN DATE OF EXAM

PRINT OR TYPE NAME OF PHYSICIAN **PLEASE STAMP**

ADDRESS BOROUGH ZIP TELEPHONE NO.

THIS FORM MUST BE RETURNED TO THE SCHOOL NURSE BEFORE THE FIRST DAY OF SCHOOL!

Nurses Office

83-53 Manton Street, Briarwood, NY 11435 | Phone:718-441-2100 ext. 123 | www.molloyhs.org

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