



CREATIVE ARTS AT PARK
171 Goddard Avenue, Brookline, MA 02445

ANNUAL PHYSICAL FORM

Child's name _____ Birthdate _____

Date of Physical Exam _____ Allergies _____

Height _____ Weight _____ Blood Pressure _____

IMMUNIZATION	DATE	IMMUNIZATION	DATE	IMMUNIZATION	DATE	LAB TESTS
DPT	1. _____	POLIO	1. _____	MMR	1. _____	TUBERCULIN TEST
DT	2. _____		2. _____	(combined)	2. _____	
TD	3. _____		3. _____			Results Date
	4. _____		4. _____			
	5. _____			HEPATITIS B	1. _____	Lead Test
Varicella Vaccine	1. _____	HIB	1. _____		2. _____	
History of Chicken Pox:			2. _____		3. _____	
Yes _____ No _____			3. _____			Hgb/Hct.
Date _____			4. _____			

Significant findings on examination _____

Significant illness or injuries since last report _____

Medication or treatment orders: _____

Medical clearance for full sports participation? Yes _____ No _____ If NO, please explain

General estimate of health: _____

MD/NP signature _____ Date _____

Address _____ Phone _____