



# Monsignor McClancy Memorial High School

71-06 31<sup>ST</sup> Avenue, East Elmhurst, NY 11370 718 898-3800 x 8

## REPORT OF PHYSICAL EXAMINATION BY PRIVATE PHYSICIAN

YEAR OF HIGH SCHOOL GRADUATION \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Apt # City State Zip

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Present Height \_\_\_\_\_ Present Weight \_\_\_\_\_

Examination: Do you find any abnormality of the following?

Nutrition	Yes___ No___	Blood Pressure	Yes___ No___
Skin	Yes___ No___	Lungs	Yes___ No___
Allergies	Yes___ No___	Abdomen	Yes___ No___
Eyes	Yes___ No___	Orthopedic	Yes___ No___
Hearing Difficulty	Yes___ No___	Skeletal	Yes___ No___
Nose/Throat	Yes___ No___	Genitals	Yes___ No___
Teeth/Gingival Disease	Yes___ No___	Neuro Muscular	Yes___ No___
Glands	Yes___ No___	Emotional Status	Yes___ No___
Heart	Yes___ No___	Scoliosis	Yes___ No___

If any of the above were checked yes, please elaborate in this space.

Medical history: Serious illness, operations, accidents, handicapping conditions (congenital or acquired)

Is student under treatment? Yes \_\_\_\_\_ no \_\_\_\_\_

Should this student have restrictions on sports or physical education activities? Yes \_\_\_\_\_ no \_\_\_\_\_

Other recommendation or information that may be helpful in the emotional, social or physical development of this student.

Physician's stamp \_\_\_\_\_ Telephone Number \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_