



501 Bacon Avenue
St. Louis, MO 63119
Phone: 314-968-5225
Fax: 314-968-7338

MEDICAL EXAMINATION FORM

Child's Name: _____ **Birth date:** _____ **Parent or Guardian:** _____

CODE: **S** = Satisfactory **NS** = Not Satisfactory **O** = Not Examined

Height _____ Wgt _____ B.P. _____ Hgb _____ Urinalysis _____ Eyes _____ Extremities _____
Nose _____ Hernia _____ Throat _____ Heart _____ Glasses _____ Skin _____ Abdomen _____
Teeth _____ Lungs _____ Hearing _____

MEDICAL HISTORY: Allergy (Please Specify) _____

Chicken Pox _____ German Measles _____ Measles _____ Mumps _____

Recurrent Otitis _____ Recurrent Pneumonia _____ Surgery _____

Is child on special medication? Yes ___ No ____ . If Yes, type of medication, dosage and condition for which it is prescribed: _____

What side effects might be noticed? _____

Free from infectious disease? Yes ___ No ____ Any restrictions on activities? Yes ___ No ____ If Yes, please specify _____

General Appraisal _____

Date of Examination: _____

Examining Physician

Physician's Address

Phone #

Please return completed form to: **Miriam School, 501 Bacon Avenue, St. Louis, MO 63119 (Fax: 314-968-7338)**

THIS FORM MUST BE RETURNED TO THE SCHOOL OFFICE NO LATER THAN THE FIRST DAY OF SCHOOL