

Hannibal Central School
School Health Services

928 Cayuga St.
P.O. Box 66
Hannibal, New York, 13074

Telephone 315-564-7924
Fax 315-564-7973

Name _____ Date of Birth _____

Address _____ School _____ Grade _____

Please indicate below by a check (X) in the column on the left any positive findings on physical examination or any handicapping disability and describe fully in section at right:

_____ Nutrition	WT: _____	HT: _____
_____ Skin	BP: _____ / _____	U/A Pro _____ Glu _____
_____ Eyes (Please indicate score on vision and hearing tests if possible.)		
_____ Ears		
_____ Nose		
_____ Teeth	Description:	
_____ Tonsils & Adenoids		
_____ Lymph Glands		
_____ Heart		
_____ Lungs		
_____ Abdomen		
_____ Genito Urinary Tanner _____		
_____ Hernia		
_____ Orthopedic Scoliosis _____		
_____ Other		
_____ General Physical & Emotional Status		

RECOMMENDATION FOR PHYSICAL ACTIVITY IN SCHOOL (Please Check One)

A. _____ Full Physical Activity including Contact Sports

B. _____ Modified Physical Activity

Reason for modification: _____

Type of modification: _____

OTHER COMMENTS _____

Examining Physician's Signature _____ M.D. DATE: _____

Thank you for your assistance.

Approved by: _____ M.D. DATE: _____

School Physician's Signature _____

