



ONEONTA MONTESSORI SCHOOL

2221 Poplar Blvd Alhambra. CA 91801



STUDENT HEALTH EXAMINATION FORM (1st - 6th GRADE ONLY)

Name (First, Last): _____ Age: _____ Date Of Birth: _____
Grade: _____ Sex: _____ Known Medical Conditions: _____
Home Address: _____
Personal Physician: _____ Phone #: _____
Address: _____
In case of emergency, contact:
Name: _____ Relationship: _____ Phone #: _____
Health Care Insurance Provider: _____ Insurance #: _____

PHYSICAL EXAMINATION

Height: _____ Weight: _____ BMI: _____ Pulse: _____ Blood Pressure: _____
Allergies Noted: _____ Asthma: _____

Key: N- Normal PN - Problems Noted

Gross Motor: ___ Fine Motor: ___ Hearing: ___ Vision: ___ Nose & Throat: ___ Heart: ___
Abdomen: ___ Skin: ___ Extremities: ___ Cardiovascular: ___ Spine: ___ Lungs: ___ Speech: ___

PSYCHOLOGICAL DEVELOPMENT

Cognitive: ___ Communication/Language: ___ Social/ Emotional: ___ Attention Deficit/Hyperactivity: ___
Developmental/Learning Problem: ___ Behavioral: ___ Other: _____

Table with 6 columns: VACCINES, First, Second, Third, Fourth, Fifth. Rows include POLIO (OPV or IPV), DtaP/DT/Td, MMR, HEPATITIS B, VARICELLA, INFLUENZA, HIB, HEPATITIS A, PPD/MANTOUX, and Follow Up of Significant TB Test.

Physician's Name: _____
Address: _____
Physician's Signature: _____
Date this form is completed: _____

Facility Name: _____
Phone #: _____
Date of Examination: _____