

**Massachusetts School Health Records
Private Physician's Examination – Subsequent Evaluations Only**

TOWN OF BARNSTABLE – 2019 SUMMER LEISURE PROGRAM

To Physician/Practitioner:

Please note that your initial school examination of the child should be recorded on the prescribed itemized form (PH – M – 18). This abbreviated form is to be used only for follow up subsequent examinations.

Individual's Name: _____

Address: _____

Date of Birth: _____ L.P. Site: _____

Date of last complete physical exam: _____ Hgt: _____ Wgt: _____

Significant Findings: _____ Blood Pressure: _____

Het. Or Hgb.: _____

Other Lab: _____

TB Test: _____

Significant illness or injuries since last report:

General estimate of health:

Immunization/Boosters (give exact date):

DTP: _____ TD: _____

TOPV: _____ Other: _____

Medication or treatment orders to be carried out at the program

Restrictions on sports participation or recommended modifications to program:

Other Comments:

Signature, Examining Physician, Nurse Practitioner

Date

Name and Address

Telephone #