

COVENTRY PUBLIC SCHOOLS
7TH GRADE PHYSICAL EXAM AND IMMUNIZATION
REQUIREMENTS FOR 7TH GRADE ENTRY

Please fax completed form to Mrs. Larson, Nurse @ 822-9469

Student's Name _____ DOB _____ Sex _____

*PHYSICAL EXAM

CODE: 0 – No Defect	1 – Slight Deviation	2 – Requires Attention	
Tr – Under Treatment	C – Corrected	ND – Not Done	
_____ Height	_____ Head	_____ Throat	_____ Nervous System
_____ Weight	_____ Eyes	_____ Glands	_____ Hgb/Hct
_____ Heart	_____ Vision	_____ Posture	_____ Urinalysis
_____ Lungs	_____ Ears	_____ Scoliosis	_____ Blood Pressure
_____ Skin	_____ Nose	_____ Nutrition	_____ Abdomen
_____ Extremities			

May participate in contact sports/physical education? Yes _____ No _____

Limitations: _____

Comments: _____

Date of Exam: _____ Physician's Signature _____

IMMUNIZATION UPDATE – DUE FIRST DAY OF SCHOOL

(Month, Day and year required)

*Tetanus Booster (Given since 2005) _____	*Varicella 1. _____ 2. _____	Meningitis *1. _____ 2. _____
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***Required for entrance to school**

Physician's Signature

Date: _____