



Scituate Public Schools
Scituate, Massachusetts

Staff Physical Examination

NAME:

POSITION:

Immunizations (Approximate Dates):	Laboratory Tests:
Polio:	Urinary:
Diphtheria:	Sugar:
Tetanus:	*Hemoglobin:
Measles:	*Albumin:
Booster:	*Cholesterol:
Booster:	
Booster:	

Serious illness, operations, accidents:

Physical Examination (✓ - no significant abnormality):

Weight:				
Skin:				
Mouth:				
Pharynx:				
Lymph Glands:				
Lungs:				
Blood Pressure:				
*Pulse Resting:		*After Exercise:		*Two Minutes Later:
*Hernia:				

*If Indicated (Optional)

Physician's Signature

Date

Physician's Name

Physician's Address
