

**Brocton Central School  
Health Office  
138 W. Main St.  
Brocton, New York 14716  
Phone 792-2146 Fax 792-2260**

NAME \_\_\_\_\_ DOB \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ B/P \_\_\_\_\_ Resp. \_\_\_\_\_ Pulse \_\_\_\_\_  
 BMI \_\_\_\_\_ Wgt. Status (BMI Percentile) \_\_\_\_\_  
 \_\_\_\_\_ 5<sup>th</sup> 5<sup>th</sup>-49<sup>th</sup> 50<sup>th</sup>-84<sup>th</sup>  
 \_\_\_\_\_ 85<sup>th</sup>-94<sup>th</sup> 95<sup>th</sup>-98<sup>th</sup> 99<sup>th</sup> and higher

Item	Comments
Allergy: Drugs	
Allergy: Foods	
Allergy: Enviromental	
Chronic Conditions	
General Appearance	
Skin, Nails	
Head, Hair, Scalp	
Eyes, Pupils, Vision, EOMs	
Ears, Ooscopic Exam, Hearing	
Nose, Sinuses	
Mouth, Teeth, Pharynx	
Neck, Thyroid	
Lymph Nodes	
Chest, Breast, Lungs	
Heart	
Abdomen	
Genitalia, Tanner Stage, Testes, Menses	
Extremities: Pulses	
Extremities: Joints, ROM	
Neurological: Cranial Nerves	
Neurological: Mental Status	
Neurological: Sensory/Reflexes	
Motor (Gross/Fine), Muscle Tone	
Balance, Posture, Spinal Curvatures	

Immunizations Given Today \_\_\_\_\_  
Suggestion and Recommendations for School Program \_\_\_\_\_

Student may participate in the following sports: \_\_\_\_\_  
 \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Physician's Name (printed) \_\_\_\_\_