Charter
Public
School

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Next
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Community Day
86 Wachusett Street
Jamaica Plain, MA 02130
Ph: (617) 983-0300

PHYSICIAN'S EXAMINATION

This form must be completed and signed by a physician or nurse practitioner. Activity restrictions and/or medical conditions must be indicated below. No student may participate in school sports unless the doctor provides a signed statement (see below)*. Alternate physical forms with date and medical provider's signature may be used.

Physical form must be accompanied by a complete immunization record.

STUDENT NAME ______________________________

DATE OF BIRTH ______________ AGE ______________ GRADE ENTERING ______________

DATE OF PHYSICAL EXAMINATION ______________________________

PERTINENT FAMILY HISTORY ______________________________

ALLERGIES ______________________________

CURRENT MEDICATIONS ______________________________

CURRENT MEDICAL CONDITIONS ______________________________

HEIGHT ________ WEIGHT ________ PULSE ________ BLOOD PRESSURE ________ VISION SCREEN ________

HEARING SCREEN ____________ SICKLE CELL SCREEN ____________ G6PD ____________

SKIN ____________ MUSCULAR/SKELETAL ____________ HEENT ____________

NERVOUS ____________ RESPIRATORY ____________ CARDIOVASCULAR ____________

GI/GU ____________ NUTRITION ____________ DEVELOPMENTAL ____________

DENTAL/ORAL HEALTH ____________ LAST DENTAL VISIT ____________

* This student is able to participate fully in sports or physical activities programs. Please explain restrictions for partial

participation ______________________________

____

DATE ____________ PROVIDER SIGNATURE ______________________________

PROVIDER ADDRESS ______________________________

OFFICE PHONE NUMBER ______________________________

Charter
Public
School

Match High School
1001 Commonwealth Avenue
Boston, MA 02215
Ph: (617) 232-0300

Match Middle School
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Next
215 Forest Hills Street
Jamaica Plain, MA 02130
Ph: (857) 203-9668

Match Community Day
86 Wachusett Street
Jamaica Plain, MA 02130
Ph: (617) 983-0300

IMMUNIZATION RECORD

NOTE: You may attach a printed Immunization Record instead of filling out this form.
All vaccinations must be dated with month and year. All vaccinations are required by state regulations (105 CMR 220.00) for entrance to school. A doctor or nurse practitioner's signature is required below.

STUDENT NAME ____________________

DATE OF BIRTH ____________________ GRADE ENTERING ____________________

DTP/DT #1 ________ #2 ________ #3 ________ #4 ________

#5 ________ Td booster ________ Td booster ________ (Td must be within 5 yrs of last DPT and every 5 yrs)

OPV/IPV #1 ________ #2 ________ #3 ________ #4 ________

HEP B #1 ________ #2 ________ #3 ________

HIB #1 ________ #2 ________ #3 ________ #4 ________

MMR#1 ____________________ MMR#2 ____________________

VARICELLA VACCINE (OR TITER RESULTS WITH DATE) ____________________

CHICKEN POX VACCINE (OR DATE OF DISEASE) ____________________

TB RISK ASSESSMENT DATE ________ LOW ________ HIGH* ________ (CIRCLE ONE)

* IF STUDENT IS ASSESSED BY DOCTOR AS HIGH RISK FOR TB, A PPD WITHIN THE LAST YEAR MUST BE RECORDED BELOW WITH RESULTS:

PPD DATE ________ RESULTS* ________

RECENT LEAD LEVEL ________ DATE ________

MEDICAL PROVIDER PRINTED NAME ____________________

SIGNATURE ____________________ DATE ____________________

PROVIDER ADDRESS ____________________

OFFICE TELEPHONE ____________________