

THE CORNERSTONE SCHOOL

146 High Street Stratham, NH 03885
Leela Pahl, Head of School
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Physician/Practitioner's Report of School Health Examination

Name of Student _____ DOB _____

Class _____

Developmental History:

Gross Motor: _____

Fine Motor: _____

Language Skills: _____

Physical Examination:

Height _____ Weight _____ BMI _____ Blood Pressure _____

Vision _____ Hearing _____

Medication(s) _____

Allergie(s)

Is this child capable of carrying on a full school program, including Physical Education and sports?

YES ___ NO ___ If not, please explain:

DATE OF EXAM _____

PHYSICIAN/PRACTITIONER'S SIGNATURE _____

PHYSICIAN/PRACTITIONER'S PRINTED NAME _____

PLEASE NOTE: IMMUNIZATION RECORD MUST BE SUBMITTED