

Please return to:

PLOWSHARES EDUCATION DEVELOPMENT CENTER, INC.

Tel: (617) 527-3755

Newton North High School

Fax: (617) 244-0227

CONFIDENTIAL

**360 Lowell Avenue
Newtonville, Ma. 02460**

Date _____

Pupil's Name _____
(Last Name) (First Name) (Initial)

D.O.B. _____ Age _____ Sex _____

Parent or Guardian _____ Phone#: _____
Address: _____

MEDICAL INFORMATION

History: (Illness, Injuries, Childhood Diseases)-

Medical Conditions : _____
Medications : _____
Medication Allergies : _____

Immunizations: Dates

	1	2	3	4	5	6
DPT/Td	_____	_____	_____	_____	_____	_____
TOPV	_____	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____	_____
HEP B	_____	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____	_____
LEAD	_____	_____	_____	_____	_____	_____
T.B. SKIN TEST	_____	_____	_____	_____	_____	_____
VARICELLA (Chicken Pox)	_____	_____	_____	_____	_____	_____

Statistics: Height _____ Weight _____ Blood Pressure _____ Pulse _____

Nutrition _____
(Good, Poor, Obese, Underweight)

I have examined _____ on _____ and found her/him to
(Child's Name) (Date)

be in excellent health. She/He may participate in all activities without restrictions _____.

Physician Name: _____ Physician Signature: _____

Address: _____ Phone #: _____