

THE RISK OBSERVER

FOUNDED 2006 — VOL. CLXI

PROFESSIONAL UNDERWRITERS

DAILY 5 CENTS, SUNDAY 15 CENTS

Private Physician's Report

Height _____ Weight _____ Nutrition _____
Eyes _____ Ears _____ Blood Pressure: Systolic _____
Nose _____ Teeth and Gums _____ Diastolic _____
Glands _____ Cervical _____ Tonsils _____ Throat _____
Heart _____ Lungs _____ Thyroid _____ Other _____
Orthopedic _____ Structural Defect _____ Posture _____ Feet _____
Skin _____ Abdomen _____ Hernia _____ Hernia _____
Nervous System _____ Speech _____ Does the pupil need medical care?
Does this pupil have any disability (if so, specify): _____

Are there any problems relating to growth, development or nutrition with which teachers and parents should be acquainted?

SECTION II

Physician's Recommendation:

Is child physically able to participate in athletics? _____ If so, what are the restrictions?

Physician's Signature: _____

Address: _____

INTERIM MEDICAL HISTORY FORM

1. In the past year had any illness, injury or operation? Yes No
2. Specify (with dates): _____
3. Any allergies? Yes No Specify: _____
4. Take any medications on a regular basis (excluding vitamins)? Yes No
Specify: _____
5. Any chronic illness or injury? Yes No Specify: _____
6. Other information which would aid the school in a better understanding of student's health? Yes No
Specify: _____

DENTAL HEALTH CERTIFICATE

This is to certify that I have examined _____ and I hereby inform you that (Please check one):

No treatment is necessary Treatment is in process Treatment is completed

Date: _____

Dentist's Signature _____

