

Mercy High School
1300 East Northern Parkway
Baltimore, Maryland 21239-1998

PUPIL'S MEDICAL RECORD FROM PRIVATE PHYSICIAN

Name: _____ Father's Name: _____

Address: _____ Mother's Name: _____

_____ Telephone: Home: _____

Date of Birth: _____ Business: _____

Cell: _____

Emergency: _____

History

Significant family and personal history, such as: Tuberculosis, diabetes, rheumatic fever: any special sensitivity: convulsive disorders: behavior, routine medications.

Operations and Injuries: _____

PHYSICAL EXAMINATION

Indicate below by (X) in the column on the left any abnormal findings. Check () for normal.

()	Weight _____ lbs.	Height _____ in.	()	Heart _____
()	General appearance _____		()	Lungs _____
()	Skin _____		()	Abdomen _____
()	Ears (Hearing) _____		()	Genitals (Hernia) _____
()	Eyes (Vision) _____		()	Femoral arteries _____
()	Nose and throat _____		()	Extremities _____
()	Mouth and teeth _____		()	Blood Pressure _____
()	Neck _____		()	Urinalysis _____

Description of abnormalities or handicaps and any specific recommendations:

Date: _____ Printed name of private physician: _____

Signature of private physician: _____

M.D.