

THE RISK OBSERVER

FOUNDED 2006 — VOL. GLXI

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

- In the past year had any illness, injury or operation? Yes No
- Specify (with dates): _____
- Any allergies? Yes No Specify: _____
- Take any medications on a regular basis (excluding vitamins)? Yes No
Specify: _____
- Any chronic illness or injury? Yes No Specify: _____
- 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 _____



NEW YORK STATE SAFETY