



ONEONTA MONTESSORI SCHOOL

2221 Poplar Blvd Alhambra. CA 91801



STUDENT HEALTH EXAMINATION FORM (1st - 5th GRADE ONLY)

Name (First, Last):	_____	Age:	_____	Date Of Birth:	_____
Grade:	_____	Sex:	_____	Known Medical Conditions:	_____
Home Address:	_____				
Personal Physician:	_____	Phone #:	_____		
Address:	_____				
In case of emergency, contact:	_____				
Name:	_____	Relationship:	_____	Phone #:	_____
Health Care Insurance Provider:	_____	Insurance #:	_____		

PHYSICAL EXAMINATION

Height: _____ Weight: _____ BMI: _____ Pulse: _____ Blood Pressure: _____
Allergies Noted: _____ Asthma: _____

Key: N- Normal PN – Problems Noted

Gross Motor: _____ Fine Motor: _____ Hearing: _____ Vision: _____ Nose & Throat: _____ Heart: _____
Abdomen: _____ Skin: _____ Extremities: _____ Cardiovascular: _____ Spine: _____ Lungs: _____ Speech: _____

PSYCHOLOGICAL DEVELOPMENT

Cognitive: _____ Communication/Language: _____ Social/ Emotional: _____ Attention Deficit/Hyperactivity: _____
Developmental/Learning Problem: _____ Behavioral: _____ Other: _____

VACCINES	First	Second	Third	Fourth	Fifth
POLIO (OPV or IPV)					
DtaP/DT/Td (diphtheria, tetanus & (acellular) pertussis) OR (tetanus & diphtheria only)					
MMR (measles, mumps & rubella)					
HEPATITIS B					
VARICELLA (Chickenpox)					
INFLUENZA					
HIB					
HEPATITIS A					
PPD/MANTOUX					
Date Applied: _____ Date Read: _____					
Follow Up of Significant TB Test: _____					
COVID-19 Vaccination					

Physician's Name: _____
Address: _____
Physician's Signature: _____
Date this form is completed: _____

Facility Name: _____
Phone #: _____
Date of Examination: _____

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