

Leonard E. Burket Christian School
Sunshine Nursery School



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Center Moriches, NY 11934
631-878-1727 • fax 631-878-8968

NOTE: PHYSICAL FOR PRE-K, K, 2ND, 4TH, 7TH, 10TH AND ALL NEW STUDENTS MUST BE SCHEDULED AFTER JANUARY 1ST AND RETURNED BEFORE OCTOBER 15TH.

Student's Name _____ Date of Birth ___/___/___
Address _____
Telephone Number _____ Allergies _____

Scoliosis Screening _____ Height _____ Weight _____

Blood Pressure _____ Vision _____ Glasses? Yes No

| | |
|-------------------|-----------------------------|
| Ears _____ | Orthopedic Structural _____ |
| Lymph Nodes _____ | Posture _____ |
| Thyroid _____ | Feet _____ |
| Nose _____ | Skin _____ |
| Tonsils _____ | Epilepsy _____ |
| Teeth _____ | Nervous System _____ |
| Heart _____ | Speech _____ |
| Lungs _____ | Nutrition _____ |
| Hernia _____ | Other _____ |

Is the student on any medications or treatments? Yes No If so, what type?

Reasons medication or treatment prescribed _____

Dates of immunizations given with the past year _____

Serious illnesses or communicable diseases within the past year _____

Any restrictions or limitations of activities? Yes No If so, to what degree?

Date of Physical Examination ___/___/___

Signature of Examining Physician _____

Telephone Number _____

Address _____

"In Christ are hidden all the treasures of wisdom and knowledge." – Colossians 2:3