

Leonard E. Burket Christian School
Sunshine Nursery School



34 Oak Street
Center Moriches, NY 11934
631-878-1727 • fax 631-866-8085

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 _____ Weigh _____ BMI _____

Blood Pressure _____ Vision R _____ L _____ with/without glasses
Pulse _____ Hearing R _____ L _____

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 _____

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