

**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, 2<sup>ND</sup>, 4<sup>TH</sup>, 7<sup>TH</sup>, 10<sup>TH</sup> AND ALL NEW STUDENTS MUST BE SCHEDULED AFTER JANUARY 1<sup>ST</sup> AND RETURNED BEFORE OCTOBER 15<sup>TH</sup>.**

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*