



Spruce Pine Montessori School

67 Walnut Avenue
Spruce Pine, NC 28777
828-765-7779
sprucepinemontessori.org

2010-2011 Physical Examination (Needed Only Upon First Enrollment)

This examination must be completed and signed by a licensed physician (approved by the NC board of Medical Examiners or comparable board of a bordering state), a certified nurse practitioner, or a public health nurse meeting DEHNR standards for EPSDT program.

Child's Name: _____ Birthdate: _____ Today's Date: _____

Height: _____% Weight: _____%

Head: _____ Eyes: _____ Ears: _____ Nose: _____ Teeth: _____ Throat: _____

Neck: _____ Heart: _____ Chest: _____ Abd/GU _____ Ext: _____

Neurological System: _____ Skin: _____

Result of tuberculin test, if given: Type: _____ date: _____ Normal: _____ Abnormal: _____

Does this child have any mental disabilities? No _____ Yes _____ If yes, describe _____

Does this child have any physical disabilities: No _____ Yes _____ If yes, describe _____

Should activities be limited? No: _____ Yes: _____ If yes, please explain: _____

Any other recommendations? _____

Signature of Authorized Examiner: _____

Title: _____ Date of Examination: _____

Office Address: _____

Office Phone number: _____