## PHYSICAL DEVELOPMENT AND HEALTH INFORMATION REQUEST Plattsburgh City School District

STUDE	NT NAME:
D.O.B	GRADE: SCHOOL:
	l out this form to help assist us in determining an appropriate educational at for the above named student. Additional comments are welcome!
	iewing the child's medical history, is there any physical factor which may his child at risk for school problems? Explain.
	ere any developmental factors which may place this child at risk for problems?
(A. 100.)	
3. List	hronic diseases, health problems or allergies.
101010	
	any restrictions or precautions.
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5.	Current health status:	Date:	***************************************	INTERPORT STORE ST	
	Height:	%	Weight:	%	*****
	Vision: Left eye	Right	eye(	Corrective Lenses: Y	N
	Hearing: Left ear Scoliosis Screen:				\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
6.	Date of last physical exa	ım:	Ву:		
	List any health problem				
	***************************************				
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_	W * 4			//	pappohaaqpaaaaa11818887977
7.	List any current medica	mons and treatm			
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g	. Family doctor:				
9.	•	ptp://www.iouru.ou.ii.mmm.ee.ep.oup/044841819	1975-2000		(644Pr)
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Per	son completing form:				
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