KURN HATTIN
A Home for Children
FOUNDED IN 1894

This sheet is to be completed and signed by your physician.

REPORT OF HEALTH EVALUATION

Send Evaluation to:
New England Kurn Hattin Homes
Admissions Department
PO Box 127
Westminster, VT 05158
(802) 721-6932
Fax (802) 722-3174
www.kurnhattin.org

NEW ENGLAND
KURN HATTIN HOMES
P.O. BOX 127
WESTMINSTER, VT 05158
www.kurnhattin.org

TEL: (802) 722-3336
FAX: (802) 722-3174

This examination must have been done within the last six months.
All students are required to have a complete physical every two years.

Student Name _____ Date of Birth _____Sex: M___ F___

Urinalysis
Sugar _____
Protein _____
Blood _____
Hemoglobin or Hematocrit
_____
Cholesterol _____

Sickle Cell _____
(If Indicated)

Blood Pressure_____
Height _____inches
Weight _____lbs.
PPD _____
Vision: Far _____
Near _____
Glasses Yes ___ No ___
Last Eye Exam: _____
Hearing L: _____
R: _____

*Are there abnormalities of the following systems? Describe fully. Use additional sheet if necessary.

	Yes	No
Head, nose, throat		
Eyes/vision		
Hearing/ears		
Respiratory		
Cardiovascular		
Hernia		
Genitourinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin		
Any other condition		

Does the child have any allergies? Yes ___ No ___ If yes, to what?
Is this student capable of physical activity and participation in a competitive athletic program?_____
Any Restrictions? _____
Medications/Diagnosis: _____
Are any medications currently being used? _____
Explain _____
Please record any immunizations given on date of exam: _____

Examining Physician _____ Date _____ Date of Exam _____

Address _____ Signature _____

Phone _____