## Maud Abrams School 714 Town Bank Road Cape May, New Jersey 08204 (609) 884-9420 - MAIN OFFICE

## Report of Student Medical Examination

Grades Preschool through Grade 6

This form is to be completed by the student's "medical home" (family physician or advanced practice nurse.)

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Student Name:			Philippin California (California)	Grade:	Age:	Sex:	_ Date of Bis	rth:		
Examination Date:		Physician's Name:			to mot start and start and start and	Physician's Phone:				
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Vision:		FAR R 20/ L 20/				Yes No Yes No Yes No				
Hearing:	R	Pas Fail		L		☐ Pass ☐ Fail				
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Eyes/Sclera/Pupils					1					
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including liver, spleen)										
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	Student's Name							
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Date: \_