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## ANNUAL PHYSICAL REPORT

DATE OF EXAM: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ B/P \_\_\_\_\_

VISION: \_\_\_\_\_ HEARING: \_\_\_\_\_

GENERAL APPEARANCE AT PHYSICAL: \_\_\_\_\_

ALLERGY/ASTHMA: \_\_\_\_\_

CURRENT MEDICATIONS: \_\_\_\_\_

Body Mass Index: \_\_\_\_\_

SCOLIOSIS: \_\_\_\_\_

Weight Status Category (BMI Percentile):

\_\_\_ less than 5% \_\_\_ 5 - 49% \_\_\_ 50 - 84%

PERTINENT LAB RESULTS:

\_\_\_ 85 - 94% \_\_\_ 95 - 98% \_\_\_ 99% and higher

\_\_\_\_\_  
\_\_\_\_\_

Is student able to participate in regular physical activities? \_\_\_\_\_

IMMUNIZATION RECORDS (ATTACHED)

SIGNATURE: \_\_\_\_\_ STAMP