



**Spruce Pine Montessori School**

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

**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: \_\_\_\_\_