



ROCK POINT SCHOOL

ONE ROCK POINT ROAD  
BURLINGTON, VERMONT 05408

## Annual Physical Form

to be filled out and signed by primary care provider

Student's name \_\_\_\_\_ Date of birth \_\_\_\_\_

New Immunizations given since last physical: \_\_\_\_\_  
\_\_\_\_\_

Chronic illness: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Restrictions on activity: \_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This student has been examined by me in the past 12 months and is fit to attend Rock Point School and participate in all student activities (with the exceptions of any restrictions mentioned above).*

Provider signature \_\_\_\_\_ Printed name \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

\_\_\_\_\_ FAX \_\_\_\_\_

Date of last examination of this student: \_\_\_\_\_