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## SAINTS PHILIP AND JAMES SCHOOL 137 ROSEBERRY STREET PHILLIPSBURG, NJ 08865 REPORT OF PHYSICAL EXAMINATION BY PRIVATE PHYSICIAN

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utrit	ion		Yes			Blood	Pressure	Yes_	No
kin			Yes	No_		Lungs		Yes_	No
llerg	ries		Yes	No_		mobota.	en.	Yes	No
yes			Yes	No_			pedic	Yes	No
earin	nct					Skele		Yes	No
	iculty		Yes	No		Genita		Yes	No
	hroat		Yes	_No			Muscular		No
eeth			1	_,44,		Emotic		<u> </u>	
	ival Di		Yes	No			onar Status	Yes	No
	•	5 <del>4</del> 4 5 <del>4</del>				Scoli		Yes_	No
lands	j		Yes	_ <u>_</u>		SCOTI	Jete	7 # 25	
	, to an	Y OF THE	Yes	_No		LABORAT	€.		
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PLEASE RETURN FORM AS SOON AS POSSIBLE

\* Please attack immunizations