

Physical Examination Form

Student's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name: _____ **School:** _____

TO THE PARENT/GUARDIAN: We urge you to take your child to the doctor for an examination, immunizations, and any recommended care before school begins. When the examination is complete, please return this form to the school.

IMMUNIZATION HISTORY (EXACT DATES REQUIRED) INCLUDE ANY DOSES GIVEN TODAY. PLEASE ATTACH CURRENT RECORDS.

General Appearance Today

Height: _____ Weight: _____ Blood Pressure: _____ Other VS or LAB: _____

Results of vision screening, if done: _____ Glasses No Yes Results of hearing screening, if done: _____

Skin _____ Eyes _____ Ears _____ Nose _____ Mouth _____ Throat _____ Teeth _____

Respiratory _____ Cardiovascular _____ Gastrointestina l _____ Genitourinary _____

___ Muscular/Skeletal _____ Neurological _____

Does this child have a health concern which may require EMERGENCY ACTION while s/he is at school (such as seizure disorder, diabetes, heart problem, severe asthma, bleeding problem, bee sting or severe food allergy)? No Yes

If yes, describe: _____

1. List any allergies and specific reaction(s): _____

2. Are any allergies LIFE-THREATENING? No Yes If yes, please describe: _____

3. Does this student need an EPI Pen? No Yes

4. Is this student on medication? No Yes If yes, please list medication, dosage and frequency*

*A medication order form must be completed for school staff to administer medication at school.

5. Are there any restrictions of physical activity or physical education in school? No Yes If yes, describe nature, duration, any special equipment _____

6. Does this student need special nutritional consideration? No Yes If yes, please describe: _____

7. Are there any other significant findings on exam, family or health history or review of systems that may impact this child's health or learning during the school year. No Yes If yes, please **describe:** _____

Other Comments: _____

Examiner Signature: _____ Exam Date: _____

Printed Name of Examiner: _____ Phone Number: _____

Address: _____ Fax Number: _____

Parents: Please fill out this section of the form. The health care provider should fill out the sections above at the time of the physical exam.

RECORD OF ILLNESS

Give dates (if possible) or check if your child has had any of the following illness/condition

- | | | |
|---|--|---|
| <input type="checkbox"/> Allergies (Describe Below) | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Scarlet Fever |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Appendicitis | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Skin Disease (specify) |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hernia | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Bone and Joint Disease | <input type="checkbox"/> Hives | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Influenza (flu) | <input type="checkbox"/> Other: Specify |
| <input type="checkbox"/> Chickenpox | <input type="checkbox"/> Kidney Disease | _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Pneumonia | |
| <input type="checkbox"/> Ear Infection | <input type="checkbox"/> Rheumatic Fever | |

Has your child ever had a tuberculin (TB) test? No Yes If yes, Date _____ Results _____

___ Has your child ever had a chest x-ray? No Yes If yes Date _____ Results _____

PARENT REPORT OF INJURIES AND OPERATIONS

Injuries	Operations

If you have any questions, please contact the School Nurse at 643-5509. Fax 608-643-5503.

<input type="checkbox"/> Sauk Prairie High School 105 9th St., Prairie Du Sac, WI 53578 Ph.: 608-643-5900 Fax: 608-643-5419	<input type="checkbox"/> Sauk Prairie Middle School 207 Maple St., Sauk City, WI 53583 Ph.: 608-643-5500 Fax: 608-643-5503	<input type="checkbox"/> Bridges Elem. School 1200 Broadway St., Prairie Du Sac, WI 53578 Ph.: 608-643-1838 Fax: 608-643-1849	<input type="checkbox"/> Grand Ave. Elem. School 225 Grand Ave., Prairie Du Sac, WI 53583 Ph.: 608-643-1900 Fax: 608-643-1957	<input type="checkbox"/> Merrimac Comm. Charter School 360 School St., Merrimac, WI 53561 Ph.: 608-643-1995 Fax: 608-493-2895	<input type="checkbox"/> Tower Rock Elem. School 59033 Denzer Rd., Prairie Du Sac, WI 53578 Ph.: 608-643-1997 Fax: 608-544-5801
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