



STUDENT HEALTH EXAMINATION FORM

The Board of Education policy states, "All students entering kindergarten, fifth and ninth grades will be expected to have a health examination prior to entering school in September. The health examination includes a physical and dental examination. The examinations are to be performed by the physician and dentist of the parent's choice and the cost is to be assumed by the parent." Will you kindly return this form, after completion by the doctor, to the school nurse at the school in which your child is enrolled.

PART I

(To be completed by parents before seeing physician.)

Name of Student _____ Date of Birth _____
Address _____ School _____ Grade _____
Significant family history: _____

Significant personal history of student (operations, injuries, illness):

PART II

(To be completed by examining physician.)

Height _____ Weight _____ Blood Pressure _____
Vision _____ Urinalysis _____
Scoliosis (5th and 9th grades) _____
Physical findings of significance to the school: _____

Classification for physical education activity:

_____ Unlimited Activity
_____ Modified To what extent: _____
_____ Restricted To what extent: _____

Other recommendations or comments _____

Immunization Boosters:

MMR 1 _____
MMR 2 _____
#4DPT and/or Polio _____
Adolescent Tetanus Booster _____
Hepatitis B #1 _____ #2 _____ #3 _____
Varicella #1 _____ #2 _____

Signature of Physician

Date