

NORTH FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH & SAFETY PROGRAMS

225 McKinley St. North Fond du Lac, WI 54937 Telephone 920-929-3750 FAX 920-929-3696

PHYSICAL EXAMINATION

(To be completed by Physician, Physician Assistant, or Nurse Clinician)

Student's Name _____ DOB _____ School _____ Grade _____
Address _____ Parent/Guardian _____

Weight (without shoes) _____ Height _____ BMI _____ BP (sitting) _____
Vision (distant) R/20/ _____ L/20/ _____ Pulse _____
Hearing Rt. _____ Lt. _____
Unable to Screen: Vision _____ Hearing _____

HEALTH EXAMINATION

Normal

Abnormal

Comments:

Special Health Conditions: (please explain)

Recommendations to School: (please explain)

Is the student incapable of carrying a full program of school work?	Yes ___	No ___
Should there be restrictions on up and down stairs travel?	Yes ___	No ___
Is special seating recommended?	Yes ___	No ___
Does student have irremediable defects?	Yes ___	No ___
Is there evidence of emotional or behavioral problems?	Yes ___	No ___
Are there any contraindications to participating in competitive sports?	Yes ___	No ___

List any special precautions that apply (diabetes, hypertension, asthma, hydration status, etc.):

Immunizations: List immunizations given at time of Physical Exam	
Vaccination	Date(s)

* Report month/year of occurrence of Chickenpox	

List Daily Medication (s)	List PRN Medication (s)

Date of Exam: _____ **Physician's Name: (please print)** _____
Address: _____ **Signature:** _____