

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

305 McKinley St. North Fond du Lac, WI 54937 Telephone 920-929-3754 FAX 920-929-3747

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) _____ Pulse _____
Vision (distant) R/20/ _____ L/20/ _____ Correction Required (20/50 or worse) Yes _____ No _____
Hearing Rt. _____ Lt. _____ Scoliosis: Normal _____ Abnormal _____ Need Monitoring _____

HEALTH EXAMINATION	<input type="checkbox"/> Normal	<input type="checkbox"/> 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 ___
Does the student have any history of concussions?	Yes ___	No ___

- Recommended restrictions or precautions _____

Student has been examined and there are no apparent contradictions to participating in interscholastic athletic activities. Yes ___ No ___

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

Sports or activities in which this student cannot participate in are: _____

Immunizations: List immunizations given at time of Physical Exam	
Vaccination	Date(s)
Tdap:	
Varicella:	
Other:	
* Report month/year of occurrence of Chickenpox	

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

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