

School District of Shiocton

School District of Shiocton
N5650 Broad Street
P.O. Box 68
Shiocton, WI 54170
Phone: (920) 986-3351
Fax: (920) 986-3291

Health Services Kindergarten Physical Examination Record

1. To be completed by Parent before examination by Physician

A. Child's Name: _____ **Birthdate:** _____ **Sex:** _____

Parent's Name: _____ **Address:** _____

B. Record of Illness (Record month and year):

Chicken Pox _____	Ear Infections _____
Pneumonia _____	Rheumatic Fever _____
Scarlet Fever _____	Other (specify) _____

To be completed from Immunization Record (or attach a copy)

Immunizations must be recorded with Month, Day and Year:

DTap					
Polio					
Hep B					
MMR					
Varicella					
Other					

2. To be completed by Physician

- Is child subject to a condition that may cause classroom emergencies, such as epilepsy, diabetes, fainting, allergies, other? Yes No
- Does child have any other medical problems which the school should be concerned?
Yes No Explain _____
- Is there evident need for dental care? Yes No
- Is there any hearing or visual condition which is educationally significant?
Yes No If yes, please explain: _____
- Is there any condition, which indicates a need for referral to an eye doctor?
Yes No Explain _____
- Present Blood Pressure reading: _____
- Are there any restrictions which limit the student's participation in:
Classroom activities? Yes No Physical Education? Yes No
- Physician's recommendation to school: _____
- Other comments: _____

Physician Signature

Office Address/Phone#

Date