



# School District of Shiocton

School District of Shiocton  
N5650 Broad Street  
P.O. Box 68  
Shiocton, WI 54170  
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## 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