Elk River Area Schools – I.S.D. #728

HEALTH AND MEDICAL EXAMINATION

The American Academy of Pediatrics recommends that children entering K, 4th, 7th and 10th grade have a physical examination. *This is part of the permanent record and may be shared with other school personnel if necessary.*

PARENT: Please complete this portion.

Student's Name:	☐ M ☐ F	Birthdate:
Parent/Guardian:	Grade:	School:
Address:		Home Phone:

Significant Past History and/or Illnesses (e.g., surgeries, allergies, hospitalizations):

Physician's Name:	Parent/Guardian Signature:

PHYSICIAN: Please complete this portion.

Ht:	Wt:	BMI:	BP:	P:	R:	UA: ☐ N ☐ Abn	Hgb: ☐ N ☐ Abn

Vision: R 20/ L 20/ w/ glasses/contacts ☐ Y ☐ N	Hearing: R: ☐ Pass ☐ Fail L: ☐ Pass ☐ Fail	Hearing Aid: ☐ Y ☐ N
Scoliosis Screening: ☐ N ☐ Abn	Developmental Screening: ☐ N ☐ Abn Tool:	

Is there a condition that may result in an emergency? ☐ No ☐ Yes Explain:

Is there a condition which may limit participation in the classroom? ☐ No ☐ Yes Explain:

Is there a condition which may limit participation in physical education/sports? ☐ No ☐ Yes Explain:

Chronic Problems/Illnesses: ☐ None

Medications: ☐ None

Allergies: ☐ None

Diet Restrictions: ☐ None

EXAM:				Immunizations given at time of physical:			
Skin:	N/Abn	Heart:	N/Abn	DTaP	☐	Varicella-1 ☐	
Eyes:	N/Abn	Lungs:	N/Abn	Tdap	☐	Varicella -2 ☐	
Ears:	N/Abn	Abdomen:	N/Abn	Td	☐	Chicken pox _______ year	
Nose:	N/Abn	Genitalia:	N/Abn	Polio	☐	Other:	
Throat:	N/Abn	Urinary:	N/Abn	MMR-1	☐	Other:	
Dental:	N/Abn	Endocrine Status:	N/Abn	MMR-2	☐	Other:	
Head:	N/Abn	Neurologic:	N/Abn	Hep B #1	☐	Other:	
Hernia: ☐ Y ☐ N		Orthopedic/Feet:	N/Abn	Hep B #2	☐	Other:	
		Orthopedic/Spine:	N/Abn	Hep B #3	☐	Other:	
Emotional Health:							

COMMENTS:

Physician's Signature: **Date of Exam:**

Physician's Address: **Phone Number:** **Fax Number:**