

FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH & SAFETY PROGRAMS

72 W. Ninth Street, Fond du Lac, WI 54935

Telephone 920-906-6548 FAX 920-906-6563

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	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal
Comments:		
Special Health Conditions: (please explain)		
Recommendations to School: (please explain)		

Is the student capable 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 a concern 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:** _____