

FOND DU LAC SCHOOL DISTRICT – SCHOOL HEALTH 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) _____ 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 Normal 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): _____