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 Address	DOB Parent/Guardian_	School	
Weight (without shoes) Height BM Vision (distant) R/20/ Co Hearing Rt Lt Scoliosis: Normal	prrection Required	(20/50 or worse) Yes	No
HEALTH EXAMINATION Comments:		mal 🗌 Abnorma	al
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			
Does the student have any history of concussion - Recommended restrictions or precaution		Yes	No
Are there any contraindications to participating in	competitive sport	s? 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):