

BELVIDERE SCHOOL DISTRICT
PHYSICAL EXAMINATION OF A PUPIL OF SCHOOL AGE

Date: _____

Homeroom: _____

Name of child:

Last First Middle Age Sex Height Weight

Address: _____ Phone number: _____

MEDICAL HISTORY

Give significant details of child's medical history, including serious illness, operations, accidents, communicable diseases, etc.

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1. Is this child capable of carrying a full program of school work, including gymnastics and athletics?

 2. Does the pupil have any irremediable defects?

 3. Should the school program be modified to meet the needs of this child? If so, specify.

 4. Is the child under treatment? ___Yes ___No

 5. Please use the following space for additional comments, including the following if available:
Laboratory tests, tuberculin reaction, x-ray, hemoglobin, and urinalysis.

Immunizations

DPT series 1. ___ 2. ___ 3. ___ 4. ___ 5. ___ Boosters _____ Tdap _____

Polio 1. ___ 2. ___ 3. ___ 4. ___

Measles, Mumps, Rubella 1. _____ 2. _____

Hepatitis B 1. _____ 2. _____ 3. _____

HIB 1. ___ 2. ___ 3. ___ 4. ___

Varicella (chickenpox) vaccine 1. _____

Meningococcal vaccine _____ Date _____

REPORT OF EXAMINATION (Elaborate on positive findings)

Nutrition _____

General Body Type _____

Posture, with remarks on presence or absence of scoliosis and lardosis: _____

Skin _____

Eyes _____

Ears _____

Nose _____

Mouth/Teeth _____

Pharynx-tonsils _____

Thyroid _____

Lymph Glands _____

Breasts _____

Lungs _____

Heart _____

Blood Pressure _____ Pulse: At rest _____ After exercise _____

Abdomen _____

Hernia _____

Pilonidal sinus _____

Genitalia (male) _____

Skeleton _____

Feet _____

Reflexes _____

Signature & Address of Physician _____