

**ALPINE SCHOOL DISTRICT
School Physical Examination Record**

TO PARENTS OR GUARDIAN: Medical examinations are recommended for kindergarten, fourth, and seventh grade students before entering school. Parents should complete the first four lines and then take the form to the family physician. This form should be returned to the school by the time school starts.

School Year	Grade
Name	Parent
Address	Telephone
School	Date of Birth

If this child has a specific health problem, please indicate: _____

HEIGHT: ____ FT ____ IN WEIGHT: ____ LBS ____ OZ VISION: Right Eye ____ Left Eye ____ Glasses: _____
HCT/HGB: _____ URINALYSIS: _____ BLOOD PRESSURE (optional): _____

HISTORY

Allergies: _____ Seizures: _____ Diabetes: _____
Rheumatic Fever: _____ Heart Condition: _____ Kidney Disease: _____
Other severe illness, disabilities, or physical defects (explain): _____

PHYSICAL EXAM

Eyes: _____ Ears: _____ Nose: _____ Throat: _____ Dental: _____
Thyroid: _____ Lungs: _____ Heart: _____ Abdomen: _____
Extremities: _____ Additional Findings: _____
Is this child taking medication? _____ Regularly? _____ PRN? _____
Type of Medication: _____ Dosage: _____
List any restrictions of activity: _____
Recommendations: _____

DATES OF IMMUNIZATIONS (Month/Day/Year)									
DTP, DT, or DTaP	#1	#2	#3	#4	#5	TdB	#1	#2	#3
Polio	#1	#2	#3	#4		HepA	#1	#2	
HIB	#1	#2	#3	#4		HepB	#1	#2	#3
MMR	#1	#2	Varicella		#1				
Tuberculin Test			Date:		Type:	Reaction:			

SIGNATURE OF PHYSICIAN: _____

Date: ____/____/____