

**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:		

DATE: ___ / ___ / ___ SIGNATURE OF PHYSICIAN: _____