

# WISSAHICKON SCHOOL DISTRICT PHYSICAL EXAMINATION FORM

SECTION 1 – TO BE COMPLETED BY PARENT(S)				
Child's Name (Last)	(First)	DOB	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Grade
Parent/Guardian Name		Primary Telephone Number	Work Telephone Number	
Parent/Guardian Name		Primary Telephone Number	Work Telephone Number	
<b>Parental Concerns for Physician Review:</b>				
<i>I give my consent for my child's Health Care Provider and Child Care Provider/School Nurse to discuss the information on this form.</i>				
Parent/Guardian Signature			Date	
SECTION 2 – TO BE COMPLETED BY HEALTH CARE PROVIDER				
Date of Physical Examination		Results of physical examination normal? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Abnormalities Noted		Height		
		Weight		
		Blood Pressure		
		Pulse		
<b>IMMUNIZATIONS</b>		<input type="checkbox"/> Immunization Record Attached		
MEDICAL CONDITIONS				
Chronic Medical Conditions/Related Surgeries • List medical conditions/ongoing surgical concerns		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Medications/Treatments • List medications/treatments		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Limitations to Physical Activity • List limitations/special considerations		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Special Equipment Needs • List items necessary for daily activities		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Allergies • List allergies:		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Special Diet • List dietary specifications:		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Behavioral Issues/Mental Health Diagnosis • List behavioral/mental health issues/concerns		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
Emergency Plans • List emergency plan that may be needed and signs/symptoms to watch for		<input type="checkbox"/> None <input type="checkbox"/> Care Plan Attached	Comments:	
PREVENTATIVE HEALTH SCREENINGS				
Hearing: Pass = 25 dB F:250,500,1000,2000,4000	Pass: <input type="checkbox"/>	Comment if abnormal:		
Vision (required K/1) Pass = 20/30	Pass: <input type="checkbox"/>	Comment if abnormal:		
Scoliosis	Pass: <input type="checkbox"/> N/A: <input type="checkbox"/>	Comment if abnormal:		
TB (mm of induration)	Pass: <input type="checkbox"/> N/A: <input type="checkbox"/>	Date results read:	Results:	
<input type="checkbox"/> I have examined the above student and reviewed his/her health history. It is my opinion that he/she is medically cleared to participate fully in all child care/school activities, including physical education, unless noted above.				
Name of Health Care Provider (Print)			Signature/Date	