

RIVER VALLEY SCHOOL DISTRICT
Physical Examination Form

Name _____ Birthdate _____

Parents _____ Address _____

Height _____ Weight _____ Vision _____ Hearing _____

Significant illnesses, accidents, operations, congenital defects, family history, etc.

For any pre-existing conditions (i.e. diabetes, epilepsy, asthma, etc.), please indicate medication and dosage child may be taking: _____

Will he/she need medication at school? _____ Comments: _____

EXAM:

Skin _____ EENT _____ Glands _____

Lungs _____ Abdomen _____ Nervous System _____

Heart: Rate _____ Blood Pressure _____ Size _____ Murmurs _____

Hernia _____ Genitalia _____

Bone or Joint Irreg. _____ Posture _____

Scoliosis Screening _____ Emotional Problems? _____

Suspected Learning Disability? _____

Any Classroom Restrictions or Recommendations? _____

Any Restrictions in Physical Education Classes? _____

Date of Exam _____ Signature of Examining Physician _____

Clinic & Address _____

Immunizations given at this clinic: _____