



School City of Mishawaka Health Services Department Physical Examination Form

Name _____ M ___ F ___ Birthdate _____ Grade _____

History of illness: (Date of onset and treatment)

ADD/ADHD _____	Ear Infections/Hearing _____
Allergies _____	Heart/Circulatory _____
Asthma _____	Neurological/Seizures _____
Diabetes _____	Orthopedic _____
Chickenpox _____	Vision problems _____
Other _____	

Medications: (Name and Dosage)

Physical Examination:

Height _____ Weight _____	Blood Pressure _____
Eyes _____	Visual Acuity _____
Ears _____	Hearing _____
Teeth _____	Oral Hygiene _____
Nose _____	Throat _____
Glands _____	Skin _____
Neurological _____	Heart _____
Lungs _____	Urine _____
Orthopedic _____	Posture _____
Abdomen _____	Nutrition _____

Immunizations: (Give date of each dose given)

DTP..... 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
 DT 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
 Tetanus..... 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
 OPV/IPV 1) _____ 2) _____ 3) _____ 4) _____ 5) _____
 MMR..... 1) _____ 2) _____ or Measles # 2 _____
 Hepatitis B 1) _____ 2) _____ 3) _____
 Varicella..... 1) _____

Lead Poisoning	Not tested _____	Tested _____	Neg _____	Pos _____
Sickle Cell Anemia	Not tested _____	Tested _____	Neg _____	Pos _____
TB Skin Test	Date _____	Type _____	Neg _____	Pos _____

Physically fit to participate in the physical education program? Yes _____ No _____

Physically fit for competitive sports? Yes _____ No _____

Does this child have any condition present which should be considered in planning his program at school?

Physician's Typed or Printed Name

Physician's Signature

Date