

# BEATRICE PUBLIC SCHOOLS PHYSICAL EXAMINATION FORM

The health of your child is one of the most important factors in their progress and happiness in school. State law requires that your child have a physical examination before entering the beginner grade, prior to entering 7th grade; and when new to the school system from an out-of-state school.

**PLEASE RETURN THIS FORM TO YOUR SCHOOL AFTER IT HAS BEEN COMPLETED BY YOUR FAMILY PHYSICIAN.**

NAME \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

ADDRESS \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF EXAM \_\_\_\_\_ EXAMINING PHYSICIAN \_\_\_\_\_

	Normal	Abnormal	Not Examined	Describe Abnormalities
Skin				Blood Pressure _____ Height _____ Weight _____ Hemoglobin (opt.) _____ Urinalysis (opt.) _____ TB Skin Test (opt.) _____
Head & Scalp				
Eye grounds				
ENT				
Neck				
Thyroid				
Lymph Nodes				
Heart				
Lungs				
Abdomen				
Genitalia				
(include hernia)				
Back & Spine				
Scoliosis				
Extremities				
Neurological				
Epilepsy				
Diabetes				
Other				

Does this child have any special or unusual condition or allergies? \_\_\_\_\_

Any regular medication or treatment? \_\_\_\_\_

Recommendations to parent or teacher: \_\_\_\_\_

(Month, Day & Year Required)

IMMUNIZATION                      #1      #2      #3      #4      #5

DPT					
DT					
Polio					
Hib					
Hepatitis B					
RUBELLA (3-Day Measles)					
Rubeola					
MMR					
Mumps					
Chicken Pox (Date of Disease)					
Chicken Pox (Date of Vaccination)					

**Please note any restriction of activity:**