

**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 7<sup>th</sup> 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 \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

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

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

	NORMAL	ABNORMAL	NOT EXAMINED
Skin			
Head & Scalp			
Eye Grounds			
ENT			
Neck			
Thyroid			
Lymph Nodes			
Heart			
Lungs			
Abdomen			
Genitalia			
(include hernia)			
Back & Spine			
Scoliosis			
Extremities			
Neurological			
Epilepsy			
Diabetes			
Other			

**DESCRIBE ABNORMALITIES:**

Blood Pressure \_\_\_\_\_

Height \_\_\_\_\_

Weight \_\_\_\_\_

Hemoglobin (opt.) \_\_\_\_\_

Urinalysis (opt.) \_\_\_\_\_

TB Skin Test (opt.) \_\_\_\_\_

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: