

ELKHORN AREA SCHOOL DISTRICT STUDENT PHYSICAL REPORT FORM

Revised 1/13

NOTE: The EASD requires physical examinations during this high growth period of time to detect any abnormalities and to encourage a lifetime of healthy behaviors. Please have this form returned to your school health office no later than the first day of the school year. Thank you.

Name: _____ Grade: _____
 D.O.B.: _____ School: _____
 Allergies: (Specific type and reaction): _____
 Routine Medications and rational: _____
 Tb Skin Test (PPD or Mantoux) (Optional) _____
 Height: _____ Weight: _____ B/P: _____
 Posture/Scoliosis _____
 Neuro-muscular: _____
 Heart: _____
 Lungs: _____
 Abdomen: _____
 Genito-Urinary: _____
 Lymph Nodes: _____
 Hernias: _____
 Psychological Stability: _____
 Limitations of Activity: _____
 Concerns: _____
 Overall Evaluation _____

Vision Screening with Snellen:

	Right	Left	Both
	/20	/20	/20

Glasses: Y N Reading: _____ All Times: _____

Eyes: _____
 Ears: _____
 Nose: _____
 Head/Neck: _____

Acanthosis nigricans	Y	N
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Mouth/Throat: _____

Dental Cavities:	Y	N
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Urine (Optional) _____
 Glucose _____
 Albumin _____
 H&H (Optional). _____

IMMUNIZATION HISTORY FOR NEW STUDENTS TO THE ELKHORN SCHOOL DISTRICT – OR NEW VACCINATIONS GIVEN.

List the MONTH, DAY AND YEAR your child received each of the following immunizations. DO NOT USE A (/ or X).

TYPE OF VACCINE	FIRST DOSE mo/day/yr	SECOND DOSE mo/day/yr	THIRD DOSE mo/day/yr	FOURTH DOSE mo/day/yr	FIFTH DOSE mo/day/yr
DTP/DT/TD (Diphtheria, Tetanus, Pertussis)					
(Tdap) TETANUS and PERTUSSIS BOOSTER	Tdap is REQUIRED FOR ALL GRADES 6 THROUGH 12				
POLIO					
MMR (Measles, Mumps, Rubella)					
HEPATITIS B					
VARICELLA (Chickenpox) Vaccine Vaccine is required only if your child has not had Chickenpox disease. See below:				2 nd DOSE OF VARICELLA (Chickenpx) VACCINE REQUIRED FOR STUDENTS IN GRADE K THROUGH 12.	
_____ My child had the chickenpox disease in _____ (Vaccine is not needed). (year). _____ My child has NOT had or I do not know if they had the chickenpox disease. (Vaccine IS required)					
Pre-College Vaccination: MENINGITIS					
Other Vaccinations: Flu, Pneumonia, HPV					

PARENT'S SIGNATURE _____ PHYSICIAN'S SIGNATURE _____ DATE _____ PHYSICIAN ADDRESS & Phone Number _____

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|---|--|---|--|---|
| Jackson School
7 N. Jackson St.
Elkhorn, WI 53121
Fax: 262-723-3719
Phone: 723-1200 | Tibbets School
W5218 Cty Rd A
Elkhorn WI 53121
Fax: 262-742-4582
Phone: 742-2585 | Westside School
222 Sunset Drive
Elkhorn WI 53121
Fax: 262-723-6790
Phone: 723-3297 | Elkhorn Middle School
627 E. Court St
Elkhorn WI 53121
Fax: 262-723-4967
Phone: 723-6800 | Elkhorn High School
482 E. Geneva St
Elkhorn WI 53121
Fax: 262-723-8092
Phone: 723-4920 |
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