

# SPIRIT LAKE ELEMENTARY SCHOOL

## MEDICAL PHYSICAL RECORD FORM

DATE OF MEDICAL EXAM: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ GENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ DENTIST: \_\_\_\_\_

MEDICATION TAKEN REGULARLY: \_\_\_\_\_

**PHYSICAL EXAMINATION:**

GENERAL APPEARANCE: \_\_\_\_\_

POSTURE: \_\_\_\_\_

SCOLIOSIS: \_\_\_\_\_

SKIN: \_\_\_\_\_

FEET: \_\_\_\_\_

NOSE & THROAT: \_\_\_\_\_

EYES: (FURTHER EVALUATION: YES/NO) \_\_\_\_\_

HEART: \_\_\_\_\_

TONSILS/GLANDS: \_\_\_\_\_

BLOOD LEAD TEST: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

ABDOMEN: \_\_\_\_\_

URINALYSIS: \_\_\_\_\_

GENITALS: \_\_\_\_\_

BLOOD COUNT: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_

ORAL HEALTH: \_\_\_\_\_

LUNGS: \_\_\_\_\_

OTHER DEFECTS: \_\_\_\_\_

**SPECIFIC RECOMMENDATIONS BY THE DOCTOR:**

\_\_\_\_\_  
\_\_\_\_\_

**IMMUNIZATION RECORD:**

**\*\*BRING YOUR COMPLETED CERTIFICATE WITH YOU TO THE DR. OFFICE AND PUBLIC HEALTH\*\***

**HISTORY OF ILLNESS:**

- ALLERGIES..... \_\_\_\_\_
- CHICKEN POX..... \_\_\_\_\_
- EPILEPSY..... \_\_\_\_\_
- MEASLES (RED)..... \_\_\_\_\_
- PNEUMONIA..... \_\_\_\_\_
- POLIOMYELITIS..... \_\_\_\_\_
- RHEUMATIC FEVER..... \_\_\_\_\_
- RUBELLA (3-DAY MEASLES)..... \_\_\_\_\_
- SCARLET FEVER..... \_\_\_\_\_
- WHOOPING COUGH..... \_\_\_\_\_

**ANY SERIOUS INJURIES:**

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**OTHER ILLNESS OR SURGERY:**

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**CONDITIONS THAT WOULD HAVE AN EFFECT ON SCHOOL PERFORMANCE (ALLERGIES, ASTHMA, CONGENITAL HEART, DEFECTS, DIABETES, ETC.):**

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**PHYSICIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_**