

USD #413
Chanute Public Schools
School Health Physical Examination Form

Name _____ Grade _____

School _____ Date of Birth _____

Physician's Examination

Height _____ Weight _____

Eyes _____

Glasses _____

Ears _____

Nose _____

Throat _____

Chest _____

Heart _____

Blood Pressure _____

Scoliosis _____

Hernia _____

Feet _____

Urinalysis _____ Neg. _____

Sugar _____ Albumin _____

X-ray _____ Date _____

Immunization Record (month, day, year)

HEPATITIS B 1. _____ 2. _____ 3. _____

VARICELLA 1. _____

DPT, DTaP, DT, TD

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

POLIO (IPV/OPV)

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

MMR

1. _____ 2. _____

Any other immunizations not listed above:

T.B. Test Date _____ Type _____

Neg. _____ Pos. _____

Size of induration _____ mm

Sickle Cell Testing Date _____

Neg. _____ Pos. _____

Lead Poisoning Testing Date _____

Neg. _____ Pos. _____

Physically fit to participate in P.E.?

Yes No

Physically fit for competitive sports?

Yes No

Date: _____ Physician Signature: _____

This form to be filled out by your physician