

THIS FORM MUST BE RETURNED BEFORE SCHOOL STARTS

SCHOOL DISTRICT OF SENECA
SENECA, WISCONSIN

HEALTH EXAMINATION TO BE COMPLETED BY A PHYSICIAN

Name of Pupil _____ Grade _____
Name of Parent _____
Address _____

Physical findings, which are significant to school:

Please check if abnormal and comment below.

Allergies _____	Orthopedic _____
Skin _____	Blood _____
EENT _____	Behavior _____
Vision _____	Neurological _____
Heart and Lungs _____	Speech _____
GU _____	Other _____

General Nutrition _____

Remarks:

Please fill out the following:

Height _____ Weight _____ Hemoglobin _____
Urinalysis _____ T.B. Skin Test _____

Please indicate any immunizations given at this exam:

DPT _____ Rubella _____ Mumps _____
Measles _____ Oral Polio _____

Recommendations to the school:

1. Is pupil capable of carrying a full program of schoolwork? Yes _____ No _____
2. Should there be any restrictions of physical activities? Yes _____ No _____

Name of physician _____ Date _____