

BUHLER USD 313
School Health Physical
(New Student Pre-K - 6th Grade)

Name _____ DOB _____ Male/Female _____

Parent/Guardian _____ School _____

Address _____

Physician _____ Dentist _____ Eye Doctor _____

Check the following conditions and diseases the child has had:

Conditions:

Allergies _____

(Drug, Food, Inhalant)

Asthma _____

Diabetes _____

Epilepsy _____

Heart _____

Hernia _____

Kidney _____

Orthopedic _____

Diseases:

Chicken Pox _____

Rheumataic Fever _____

Scarlet Fever _____

Medications _____

Has this child ever been hospitalized? _____ Why? _____

PHYSICAL EXAMINATION

Date of Examination _____

Height _____ Weight _____ Hgb or Hct _____ Pulse _____

Blood Pressure _____ Urinalysis _____ Tuberculosis _____ Other _____

Immunizations _____

	Record Description of Significant Findings
Skin Head-Neck Ears, Eyes, Nose, Throat Oral-Dental Lungs Cardiovascular Abdomen Musculoskeletal Genitourinary Neurological	

SCREENING

Developmental Results _____ Date _____

Speech Results _____ Date _____

Hearing Results _____ Date _____

Vision Results _____ Date _____

Nutritional Evaluation:

Recommendations:

Date _____ Health Care Provider Signature _____