

MONTGOMERY COUNTY R-II SCHOOL DISTRICT PHYSICAL EXAMINATION FORM

The health policy of the Montgomery County R-II Board of Education requests a physical examination by a doctor for all children entering the Kindergarten and new students entering the district for the first time. Please take this form with you to the doctor.

Name _____

Birthdate _____ Grade _____

School _____

Parents or Guardians _____

Telephone Number _____

History of Illness (BY PARENT)

Allergies _____

Asthma _____

Chicken Pox _____

Convulsions/Seizures _____

Diabetes _____

Ear Infections _____

Heart Disease _____

Hepatitis _____

Hypoglycemia _____

Kidney Disease _____

Mumps _____

Operations _____

Pneumonia _____

Rheumatic Fever _____

Rubeola (10-day Measles) _____

Rubella (3-day Measles) _____

Scarlet Fever _____

"Strep Throat" _____

Tonsillitis _____

Urinary Tract Infection _____

Whooping Cough _____

PHYSICAL EXAMINATION REPORT

Height _____ Weight _____ Blood Pressure _____

State of Nutrition _____

Posture (scoliosis check) _____

Vision: R _____ L _____ Hearing: R _____ L _____

Ears _____

Nose & Throat _____

Teeth _____

Glands _____

Lungs _____

Heart _____

Abdomen _____

Nervous System _____

Skin _____

Feet _____

Hemoglobin _____

Hematocrit _____

Urinalysis _____ Results _____

PHYSICAL EDUCATION PROGRAM

Full _____ Limited _____ None _____

If limited, check exercise prohibition:

Vigorous: Relays _____ Calisthenics _____ Track _____

Tumbling _____ Trampoline _____

Modified: Walking _____ Volleyball _____

Light: Rest & Relaxation Techniques _____

Comments: _____

Are there any special health problems?

Comments: _____

Please indicate if student is taking any medicine, if so, what type?

Date of Examination: _____

Physician's Signature: _____