

North Kossuth Community School District

Medical Examination Record

Date of Physical \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth date \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

Family Doctor \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Any daily medications? \_\_\_\_\_ if yes, please list \_\_\_\_\_

Allergies \_\_\_\_\_

Any conditions which could affect school work: \_\_\_\_\_

Communicable Disease and Illness

Disease/Illness	Date	Disease/Illness	Date
Chicken Pox		Rheumatic Fever	
Diphtheria		Tuberculosis	
German Measles		Whooping cough	
Hepatitis		Ear Infection	
Measles/Rubeola		Kidney/Bladder infections	
Mumps		Seizures	
Pneumonia		ADD/ADHD	
Scarlet Fever		Asthma	
Strep. Info		Diabetes	

Operations and Injuries

Operation/Injury	Date

**PLEASE COMPLETE THE BACK PAGE**



Physical Examination Completed by Physician

Height	Weight
Neuro-Musc. System	
Orthopedic	
Skin	
Nose	
Throat and Mouth	
Eyes	
Ears	
Glands	
Heart	
Lungs	
Abdomen	
Urinalysis	
Blood Count	
Blood Pressure	
Lead Screening-If previously screened, send a copy of the results.	
Vision & Hearing	

Comments:

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Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_