



ASHWAUBENON SCHOOL DISTRICT  
1055 Griffiths Lane  
Green Bay, WI 54304  
920-492-2905

**Physical Exam Form (Optional)**

You may use your doctor's exam form.

Child's Full Name \_\_\_\_\_  
Birthdate \_\_\_\_\_

**To be filled out by physician:**

Height \_\_\_\_\_  
Weight \_\_\_\_\_  
Vision: R. \_\_\_\_\_  
(Acuity)  
(W or w/o correction)  
L. \_\_\_\_\_  
Ears—Inspection \_\_\_\_\_  
Hearing: R. \_\_\_\_\_  
(w or w/o correction)  
L. \_\_\_\_\_  
Ears—Inspection \_\_\_\_\_  
Nose \_\_\_\_\_  
Teeth—Gums \_\_\_\_\_  
Skin—Scalp \_\_\_\_\_  
Blood Test \_\_\_\_\_  
TB Test \_\_\_\_\_  
Emotional Problem? \_\_\_\_\_  
Nutrition \_\_\_\_\_  
Need for Dental Care? \_\_\_\_\_  
Taking Medication? \_\_\_\_\_

Parent _____ Address _____  Tonsils _____ Adenoids _____ Thyroid _____  Other Glands _____ Blood Pressure _____ Heart Rate _____ Heart Sounds _____  Nervous Symptoms _____ _____ Bone-Muscle Deformities _____ _____ Lungs _____ Abdomen _____ Hernia _____ Urinalysis _____ Motor Coordination _____ Posture _____ Feet _____
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Limitations needed in school activities? No ( ) Yes ( ) Explain: \_\_\_\_\_  
\_\_\_\_\_

Does the child have any medical problem with which the school should be concerned?  
No ( ) Yes ( ) Explain: \_\_\_\_\_  
\_\_\_\_\_

I would like Principal ( ) Teacher ( ) Pupil Services ( ) to contact me regarding this child.

\_\_\_\_\_  
Physician's Name  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Physician's Signature  
\_\_\_\_\_  
Date of Exam