



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 _____

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