## HISTORY AND PHYSICAL EXAMINATION FORM

PAST HISTORY  Please CHECK ( ✓ ) if your child has ever had -  Red Measles  German Measles  Serious Accident:  Epilepsy  Surgery (Specify)  Mumps  Allergies (Specify)  Asthma  For kindergarten age and under  Heart Disease  Diabetes  Scariet Fever  Sit Alone  Rheumatic Fever  Sit Alone  Rheumatic Fever  Walk Alone  Chicken Pox  Talk Words  High Temperature  Convulsions  Bladder Train  Bowel Train  PARENT/GUARDIAN SIGNATURE  PHYSICIAN: Please complete this section.  Tests  Indicate: Normal (N)  Abnormal (Ab)  Blood Pressure  Height  Comments below  N/Ab  Weight  Hemoglobin/Hematocrit  Urine  Hearing: R  Urine  Hearing: R  Was standardized developmental screening administered? Yes  No Nose  Was standardized developmental screening administered? Yes  No Nose  Measure Physician Normal (None)  Results  Physical Felexant  Nose  Mouth  Weight  Hemoglobin/Hematocrit  Urine  Hearing: R  Urine  Hearing: R  Was standardized developmental screening administered? Yes  No Nose  Mouth  Nose  Mouth  PROBLEMS AS INDICATED ABOVE  HEALTH CLASSIFICATION FOR SCHO  1. Is in excellent health and able to participate in the entire school program.  Physical Education  Competitive Sports  Competitive Sports	(Initial)	Birthdate	
Age Date Sch  PAST HISTORY  Please CHECK ( ✓ ) if your child has ever had -  Red Measles Other (Specify)  German Measles Serious Accident: Epilepsy Surgery (Specify) Asthma For kindergarten age and under  Allergies (Specify) Asthma For kindergarten age and under  Allergies (Specify) Allergies (Specify) Asthma For kindergarten age and under  Allergies (Specify) Allergies (Specify) Asthma For kindergarten age and under  Allergies (Specify) Allergies (Specify) Allergies (Specify) Asthma For kindergarten age and under  Allergy Allergies (Specify) Allergies (Specif			
PAST HISTORY  Please CHECK ( ✓ ) if your child has ever had -  Red Measles  Other (Specify)  German Measles  Serious Accident:  Epilepsy  Surgery (Specify)  Allergies (Specify)  Asthma  For kindergarten age and under .  Allergis  Diabetes  Diabetes  Scarlet Fever  Sit Alone  Rheumatic Fever  Walk Alone  Chicken Pox  Talk Words  High Temperature  Convulsions  Bladder Train  Bowel Train  PARENT/GUARDIAN SIGNATURE  PHYSICIAN: Please complete this section.  Fests  Indicate: Normal (N) Abnormal (Ab)  If Abnormal include  Comments below  N/Ab  Weight  Hearing: R  Hearing: R  U  Johner  Was standardized developmental screening administered? Yes No Results  ROBLEMS AS INDICATED ABOVE  HEALTH CLASSIFICATION FOR SCHO  1. Is in excellent health and able to participate in the entire school program.  Competitive Sports	Y SVENIGLESS VE		
Please CHECK ( ✓ ) if your child has ever had -  Red Measles  Other (Specify)  German Measles  Serious Accident:  Epilepsy  Surgery (Specify)  Asthma  For kindergarten age and under  Heart Disease  Diabetes  Scarlet Fever  Sit Alone  Rheumatic Fever  Chicken Pox  Talk Words  Talk Sentences  Convulsions  Bladder Train  Bowel Train  PARENT/GUARDIAN SIGNATURE  PHYSICIAN: Please complete this section.  Tests  Indicate: Normal (N) Abnormal include  Comments below  N/Ab  Blood Pressure  Height  Weight  Hearing: R L Whearing aid Yes No  Results  Diapetes  Measurements Gobelens  Physical Education  Physic  Throat  Abdorn  Ablergy  Persis  Faintin  Abdorn  Abdorn  Ablergy  Persis  Faintin  Abdorn  Ablergy  Persis  Faintin  Abdorn  Ablergy  Abdorn  Ablergy  Physical  Abdorn  Ablergy  Abdorn  Allergy  Abdorn  Ablergy  Abdorn  Ablergy  Abdorn  Ablergy  Abdorn  Abdorn  Ablergy  Abdorn  Ablergy  Abdorn  Abdorn  Ablergy  Abdorn  Ablergy  Abdorn  Ablergy  Abdorn  Abdorn  Ablergy  Abdorn  Abdorn  Ablergy  Abdorn  Abdorn  Ablergy  Abdorn  Abdorn  Abdorn	ool (If Known) _		
Please CHECK ( ✓ ) if your child has ever had -  Red Measles  Other (Specify)  German Measles  Serious Accident:  Epilepsy  Surgery (Specify)  Asthma  For kindergarten age and under  Heart Disease  Diabetes  Scarlet Fever  Diabetes  Scarlet Fever  Sit Alone  Rheumatic Fever  Chicken Pox  Talk Words  Talk Sentences  Convulsions  Bladder Train  Bowel Train  PARENT/GUARDIAN SIGNATURE  PHYSICIAN: Please complete this section.  Tests  Indicate: Normal (N) Abnormal (Ab)  Blood Pressure Height  Weight  Hearing: R L Whearing aid Yes No Results  Diapetes  Physical Education  Diapetes  Rheumatic Fever  Bladder Train  Blood Pressure Height Weight  Height  Weight  Hearing: R L Whearing aid Yes No Results  Physical Education For SCHC  Three is a condition which may limit participation. (Circle any or all that a Classroom Activities Physical Education Competitive Sports  Physical Education  Competitive Sports  Provided The Abnor or all that a Classroom Activities Physical Education  Competitive Sports  Physical Education  Competitive Sports  Provided The Abnor or all that a Classroom Activities Physical Education  Competitive Sports  Provided The Abnor or all that a Classroom Activities Physical Education  Competitive Sports	CL	JRRENT HISTORY	
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ysician's NameAddress			

The information requested will be used to provide a background for making educational decisions regarding your child. Although physical exams are not mandated by law, we encourage exams prior to grades K, 4, 7. This information is available to school personnel when necessary in working with your son/daughter. Its use and/or release is subject to ISD 279 policy 5710 and the Minnesota Data Privacy Act.