

RETURN TO: Pardeeville Elementary School, School Nurse  
503 E. Chestnut St. PO Box 130  
Pardeeville, WI 53954  
(608) 429-2151

**PARDEEVILLE AREA SCHOOL DISTRICT**

**PHYSICAL EXAMINATION**

DATE \_\_\_\_\_ Date of Birth \_\_\_\_\_

NAME \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

PARENTS/GUARDIAN \_\_\_\_\_

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List date of Immunizations administered earlier and at the time of physical exam.

DPT: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_  
POLIO: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_  
Hepatitis B: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_  
MMR: 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ Varicella 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_

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**TO BE COMPLETED BY MEDICAL EXAMINER**  
**Findings/Comments**

GENERAL APPEARANCE: \_\_\_\_\_

EYES: Right: \_\_\_\_\_ Left: \_\_\_\_\_  
EARS: Right: \_\_\_\_\_ Left: \_\_\_\_\_

Tonsils: \_\_\_\_\_ Lungs: \_\_\_\_\_  
Heart: \_\_\_\_\_ Abdomen: \_\_\_\_\_  
Genitalia: \_\_\_\_\_ Posture: \_\_\_\_\_  
Feet: \_\_\_\_\_

BLOOD PRESSURE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

LABORATORY WORK: Hemoglobin \_\_\_\_\_ or Hematocrit \_\_\_\_\_  
Urine: Sugar \_\_\_\_\_ Protein \_\_\_\_\_

Recommendations regarding school activities: \_\_\_\_\_

Examiner's Signature \_\_\_\_\_ Date \_\_\_\_\_

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