***Form #3***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | ***RIVER VALLEY SCHOOL DISTRICT*** |  |  |
|  |  |  |  |  |  | **Physical Examination Form** |  |  |
| Name |  |  |  |  |  |  |  | Birthdate |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Parents |  |  |  |  | Address |  |  |
| Height |  | Weight |  |  | Vision | Hearing |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Significant illnesses, accidents, operations, congenital defects, family history, etc.

For any pre-existing conditions (i.e. diabetes, epilepsy, asthma, etc.), please indicate medication and dosage child may be taking:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Will he/she need medication at school? | Comments: |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| EXAM: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skin | EENT |  |  | Glands |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Lungs | Abdomen |  |  | Nervous System |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Heart: Rate | Blood Pressure |  |  | Size | Murmurs |  |
| Hernia |  |  |  |  |  |  |  |  |  |  |  |  | Genitalia |  |  |
| Bone or Joint Irreg. |  |  |  |  |  |  |  |  |  |  | Posture |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Scoliosis Screening |  |  |  |  |  |  |  | Emotional Problems? |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Suspected Learning Disability?

Any Classroom Restrictions or Recommendations?

Any Restrictions in Physical Education Classes?

|  |  |  |
| --- | --- | --- |
| Date of Exam |  | Signature of Examining Physician |
|  |  | Clinic & Address |  |  |

Immunizations given at this clinic: