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## Physical Examination Report for School Entry

Date: \_\_\_\_\_ Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please take this form with you to the doctor's office when you go to obtain your child's physical examination for school entry. Once the form is complete, please return it to the school office to be filed with your child's health records. Thank you for your cooperation. ***I hereby give my consent to release this health form information to the school to be filed in my child's health folder.***

\_\_\_\_\_  
Parent/Guardian Signature

### To be completed by healthcare provider:

Examination Date: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_ lbs BP: \_\_\_\_\_/\_\_\_\_\_ Hemoglobin: \_\_\_\_\_

	Within Normal Limits	Abnormal	Description of Findings
General appearance, posture, gait			
Skin			
Speech			
Teeth & Gums			
Nose & Throat			
Eyes: External			
Optic Fundi			
Acuity: R _____ L _____			
Ears: External & Canals			
Tympanic Membrane			
Audiometric: R _____ L _____			
Heart			
Lungs			
Abdomen			
Bones, Joints, Muscles			
Neurological			
Other			

Nutritional Assessment: \_\_\_\_\_ Dietary restrictions? \_\_\_\_\_

Special recommendations: \_\_\_\_\_

Physical activity: Full P.E.? \_\_\_\_\_ Limit P.E.? \_\_\_\_\_

Special referral made? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what service? \_\_\_\_\_

Are there any indications that the student will need special help adjusting to the school experience? \_\_\_\_\_

Is the student on any regular medications? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, med and dosage: \_\_\_\_\_

Name of Examiner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature of Examiner: \_\_\_\_\_ Date: \_\_\_\_\_