Big Foot High School

Student Physical Examination Report – Physicians Report

401 Devils Lane • P.O. Box 99 • Walworth, WI 53184 • Voice: (262) 275-2116 • FAX: (262) 275-5117

2021-2022

Student Name: _____ Sex: _____ Grade: _____ Date of Birth: ____/____/____

Height: _____ Weight: _____ Blood Pressure: _____/_____

Disability of Hearing: _____ Extent: _____ Corrected: _____

Visual Activity: R20 / _____ L20 / _____ Corrected: R20 / _____ L20 / _____

Does the student have any allergies (circle)? YES (specify below) NO

☐ Medicines: _____ ☐ Stinging Insects: _____

☐ Food: _____ ☐ Environmental/Pollen: _____

☐ Fragrances: _____

Check any below that apply to the student:

☐ Asthma/Bronchitis ☐ Seizure Disorders ☐ Diabetes ☐ Scoliosis

	NORMAL	ABNORMAL OR COMMENTS
EYES		
EARS		
NOSE		
THROAT		
TEETH		
SCALP AND SKIN		
HEART		
LUNGS		
ABDOMEN		
POSTURE		
ORTHOPEDIC AND FEET		
NERVOUS SYSTEM		
NUTRITION		
GLANDS		
THYROID		

PHYSICIAN'S COMMENTS AND/OR REFERRALS:

Have arrangements been made for further necessary medical attention? ☐ YES ☐ NO

Is pupil capable of carrying a full program of school work? ☐ YES ☐ NO

Should this student have any restrictions on physical education, athletics, or other activities? ☐ YES ☐ NO

Explain: _____

Are there any recommendations for follow-up, specific medical or surgical care? ☐ YES ☐ NO

Explain: _____

PHYSICIAN Signature **Date**

PHYSICIAN Address **Phone**

Note – Please return this completed form to the School Nurse no later than September 1st, 2021

Updated 1/13/21
BLR