It is recommended that every student in the Hazelwood School District should have a physical examination at the beginning of the school year in Kindergarten, 4, 7, 10th and all new students regardless of grade level.

This form is furnished for the convenience of your child’s physician. Please have the physician complete at the time of examination and bring it directly to the school, along with an attached immunization document or completion of the immunization portion on this form.

It is our belief that much of your child’s success in school and in life are dependent upon their physical and mental health. Our desire is to provide the best school life for your child.
**Medical History**

- Allergies: __________
- Rheumatic Fever: __________
- Mumps: __________
- Measles: __________
- Whooping Cough: __________
- Scarlet Fever: __________
- Polio: __________
- German Measles: __________
- Chicken Pox: __________
- Other: __________

**Recommendations:**

- Can the student carry a full school program? 
  - Yes
  - No

- Can the student compete in high school sports? 
  - Yes
  - No

- Does the student have an irremediable defects? 
  - Yes
  - No

- Should physical activity be restricted? 
  - Yes
  - No

- Is special seating recommended? 
  - Yes
  - No

- Other: __________

**Remarks**

- __________
- __________

**Signature of Examining Dr.** __________

**Date** __________

**IMMUNIZATIONS AND TEST: (Mo., Day, & Year)**

- * Required by law
- **** Required for all incoming 8th (8th-12th) grade students.

- **Required by law:**
  - children entering Kg – 6th grade, two doses of varicella (chicken pox) vaccine.
  - children grades 5th – 9th: one dose of varicella (chicken pox) vaccine.
  - 1 dose of MCV for 8th grade, 2 doses for 12th

**Physical Findings**

- Height: __________
- Weight: __________

- Nutrition: __________

- Skin and Hair: __________

- Teeth and Gums: __________

- Nose: __________

- Throat: __________

- Tonsils Enlarged: __________
  - Removed: __________

- Ear and Ear Drums: __________

- Eyes and Eyelids: __________

- Visions OD: __________
  - OS: __________
  - Both: __________

- Heart: __________
  - BP: __________

- Lungs: __________

- Lymph Glands: __________

- Hernia: __________

- Orthopedic: __________

- Scoliosis Screening: __________

- Urinalysis: __________
  - SpG: __________
  - React: __________
  - Alb: __________
  - Sug: __________