



# Physical Examination Form

*Due in office by August 1st*

**To be completed by Parent:**

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ M/F \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

If the above child has frequent problems with any of the following, please describe:

Allergies \_\_\_\_\_ Asthma \_\_\_\_\_

Seizures \_\_\_\_\_ Ears \_\_\_\_\_

Nose/Throat \_\_\_\_\_ Bladder \_\_\_\_\_

Stomach \_\_\_\_\_ Major Illness \_\_\_\_\_

Routine medicines taken by the child: \_\_\_\_\_

Emotional or physical problems that might affect your child at school: \_\_\_\_\_

My child, \_\_\_\_\_, had chicken pox disease \_\_\_\_\_  
(Month/season and year)

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

**To be completed by Physician:**

Height _____	Weight _____	Blood Pressure _____	Pulse _____
Vision Screen R 20/ _____	L 20/ _____	Corrected? _____	

General appearance \_\_\_\_\_ Skin \_\_\_\_\_

Heart \_\_\_\_\_ Lungs \_\_\_\_\_

Abdomen \_\_\_\_\_ Genitalia/Hernia \_\_\_\_\_

Nose/Sinus \_\_\_\_\_ Throat/Mouth \_\_\_\_\_

Glands/Thyroid \_\_\_\_\_ Speech \_\_\_\_\_

Ears \_\_\_\_\_ Hearing Loss \_\_\_\_\_

**Please see reverse**

Emotional/Behavioral Problem? \_\_\_\_\_

ADD/ADHD \_\_\_\_\_ Medications \_\_\_\_\_

Physical disabilities, limitations, or restrictions \_\_\_\_\_

Immunizations: current \_\_\_\_\_ needed boosters \_\_\_\_\_

Cleared for school \_\_\_\_\_ Cleared for P. E. \_\_\_\_\_

Comments \_\_\_\_\_

**Physician's Signature**

**Date**

Printed name of physician: \_\_\_\_\_

Printed address: \_\_\_\_\_

Physician phone number: \_\_\_\_\_

**Immunization Record**

Indiana law requires all children enrolling in any Indiana school to provide a current COPY of the child's immunization record or file a yearly medical or religious objection to immunizations. A medical objection form must be completed by the doctor who has determined immunization to be detrimental to the child at this time. This must be received by the student's start date, or the student will not be allowed to attend school until it is received. Waivers may be granted on a case by case basis.

IN State Department of Health  
School Immunization Requirements  
(Updated December 2019)

<b>Grades K—5:</b>	*4 Polio (Inactivated Polio) *3 Hepatitis B *2 Hepatitis A *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT
<b>Grades 6 to 11:</b>	*4 Polio (Inactivated Polio) *3 Hepatitis B *1 meningococcal (MCV4) *2 Hepatitis A *2 Varicella (or) if student has had chicken pox disease-Dr. Written statement of chicken pox history including month, year, and signature	*2 MMR (Measles, Mumps, Rubella) *5 DTap, DPT, or DT * 1 Tdap booster
<b>Grade 12:</b>	* Same as Grades 6—11 with an additional meningococcal (MCV4) *2 meningococcal (MCV4)	

\*\*Please call your child's doctor or the school nurse at 260-925-1393, ext. 234 if you have questions about your child's immunizations.