



BAUGO COMMUNITY SCHOOLS

Small School Feel ~ World Class Education

PHYSICAL EXAMINATION FORM

*This Completed Form is due on the First Day of Attendance

School _____

Grade ____ Date _____

HEALTH INFORMATION: TO BE FILLED OUT BY PARENT OR GUARDIAN

Student Name _____ DOB _____

Parent or Guardian _____ Phone _____

Address _____ City _____

If Student has any of the following conditions, explain:

Heart Problem _____

Hearing Loss _____ Speech Defect _____

Convulsive Seizures _____ Diabetes _____

Asthma _____ If yes, does student need an inhaler at school? _____

Allergies _____

Other _____

Takes medication regularly ____ If so, name these _____

Have there been any serious illnesses, accidents, or surgery that may have caused any impairment? Yes ____ No ____

If yes, what _____

The above conditions have been reviewed by the parent and the physician:

X _____
Physician Signature

X _____
Parent Signature

COMPLETED IMMUNIZATIONS: required by the State of Indiana, are as follows AND must be **provided by the Physician or a health department**. Provide month, day, and year for each and **ATTACH TO THIS FORM**

- 5** doses of **Diphtheria, Pertussis, & Tetanus** (DTaP/DTP/DT/Td) vaccine.
- 4** doses of **Polio** Vaccine (IPV or OPV). For Kth-4th grade, the final dose must be on or after 4th birthday.
- 2** doses **Measles** (after the age of one year) vaccine.
- 1** dose **Rubella** (German Measles) vaccine
- 2** doses **Mumps** (after the age of one year) vaccine.
- 3** doses **Hepatitis B** vaccine. (minimum age for 3rd dose is 24 weeks of age)
- 2** doses of **Varicella** vaccine, 1st dose on or after first birthday or physician history of chickenpox disease.
- 1** dose of **Tdap** vaccine for all 6th – 12th grade students.
- 1** dose of **Meningococcal** (MCV4) vaccine for all 6th – 11th grade students. **2 doses for 12th grade students.**
- 2** doses of **Hepatitis A** are required for all students entering Kindergarten & 1st grade.

Please Check:

Sickle Cell Anemia: No _____ Yes _____ Date _____ Results _____ (must be reported if done).
Lead Poisoning: No _____ Yes _____ Date _____ Results _____ (must be reported if done).
Tuberculin Skin Test: Date _____ Positive _____ Negative _____ Verified by/Date _____

Doctor's Examination

Eyes _____
Visual Acuity R _____ L _____
Wears Glasses _____
Referred to eye specialist _____
Height _____
Weight _____
Blood Pressure _____
Nose _____
Throat _____
Heart _____ Restrictions _____
Lungs _____
Skin _____
Lymph Glands _____

Ears _____
Hearing (gross) _____

Urinalysis _____
Hemoglobin _____
Hematocrit _____
Abdomen _____
Hernia _____
Reflexes _____
Genitalia _____
Orthopedic _____
(Scoliosis) _____

Physically fit to participate in physical education program? Yes _____ No _____ if negative see note below.

Comments: _____

In Indiana all students are required to pass two semesters of physical education to meet the graduation requirements. No school, school corporations, or physician may grant a waiver. If your student requires an alternative to the basic physical education program, a physician needs to complete the referral from, available in the high school office.

Date of Exam: _____ Physician Phone #: _____ Physician Signature: _____

RETURN THIS COMPLETED FORM TO THE SCHOOL BY THE FIRST DAY OF ATTENDANCE

DENTAL EXAMINATION

Code: No Defect – 0; Defect – note condition

Teeth: _____ Para-Oral Structure: _____
Infection: _____ Abnormalities: _____
Is further treatment necessary? Immediate: _____ Routine Care: _____ No: _____
Have further arrangements been made for further treatment? Yes: _____ No: _____
Comments: _____

Date of Exam: _____ Office Phone: _____ Dentist's Signature: _____

