OFFICE OF THE SCHOOL NURSE

River View Local School District

26546 SR 60 N – WARSAW, OH 43844-9725
PHONE: (740) 824-3523 ext: 1305
FAX: (740) 824-5241
e-mail: kayla.davis@rvbears.org

To assure that your child has a healthy start in school, a check-up by your family physician or health agency is encouraged. When your child has this check-up, please have the examiner complete this form. You can return it to your child's school or to the School Nurse at the above address.

STUDENT_____DATE OF BIRTH_____
Last first middle initial

PHYSICAL EXAMINATION: (to be filled in and signed by health care provider)

Date of exam:_____Age:_____Height:_____Weight:_____BMI:_____

GENERAL APPEARANCE AND NUTRITIONAL STATE

- Posture _____
- Skin _____
- Eyes _____
- Ears _____
- Nose _____
- Throat (tonsils) _____
- Mouth (teeth, etc)_____
- Neck _____
- Heart _____
- Lungs _____
- Abdomen _____
- Genitalia _____
- Hernia _____
- Neurological _____
- Emotional _____
- Blood Pressure _____
- Hemoglobin **(OPTIONAL)**_____
- Lead **(OPTIONAL)** _____

May carry a full physical educational program?_____

If restricted, please explain. _____

_____

_____

Current medications, dosages and condition being treated:

_____

_____

ALLERGIES:_____

RECOMMENDED ASSESSMENTS/SCREENINGS: (NOTE: A full vision examination by an eye specialist is ***recommended*** before beginning school.)

Vision:_____ Hearing:_____

IMMUNIZATIONS: Please attach immunization record to this form with kindergarten immunizations completed.

Other comments or pertinent medical information:_____

_____ _____
Signature Examining Physician / Certified Nurse Practitioner / PA Date

OFFICE AND NAME STAMP HERE ⇨
(or complete information below)

_____
Printed Name of Physician/Certified Nurse Practitioner/Health Agency Telephone Number FAX

_____
Street Address City State Zip Code