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 ___

Does the student have any irremediable defects? Yes ___ No ___

Should physical activity be restricted? Yes ___ No ___

Is special seating recommended? Yes ___ No ___

Other _____

Remarks _____

_____ _____

Signature of Examining Physician Date of Examination

AUTHORIZATION FOR MEDICATION TO BE TAKEN DURING SCHOOL

Medication _____

Reason _____

Route, time, and dose to be given at school _____

Special Instructions/ Restrictions/ Important Side Effects:

_____

Signature of Physician _____ Date _____

Printed Name of Physician _____ Phone _____

Parent/Guardian Signature _____

PARENT/GUARDIAN OR RESPONSIBLE ADULT MUST BRING ALL MEDICATIONS TO THE SCHOOL NURSE.

WENTZVILLE SCHOOL DISTRICT HEALTH SERVICES

Name of Student _____

Address _____ Phone _____

School _____Grade _____

Birth date _____

To the Parent:
Every child attending the Wentzville School District should have a physical examination at the beginning of the school year in Kindergarten, 4, 7, 10. Students new to the school system should have a complete physical examination regardless of grade level.

This form is furnished for the convenience of your child's physician. Please have the physician complete this form at the time of the examination and bring it or mail it directly to the school.

It is our belief that this information enables the home and school to cooperate more effectively in preventing defects or caring for them after they have developed. So much of your child's success and happiness in school and in life is dependent upon his/her physical and mental health that we are confident that this information is vital in providing the best school life for your child. We shall appreciate your cooperation in this important matter.

Sincerely,

Dr. Curtis Cain
Superintendent of Schools

April, 2009

For the Physician:
The School Health Services is particularly interested in any deviation from the normal and whether there should be any restrictions on this student's school activities. It is through this means of communication that the schools can best serve the needs of the individual student. You are urged to call the School Nurse about any unusual situation in order that the school may better plan the student's school program and be of optimal service to each student.

Dr. Curtis Cain
Superintendent of Schools

IMMUNIZATIONS AND TEST: (Mo., Day, & Year) * Required by law
****Ten Years after DPT Series**
***** Required by law for children Entering Kg-4th**

DPT	*	*	*	*		
TD	**					
IPV/ OPV	*	*	*	*		
MMR	*	*				
Hep B	*	*	*			
C. Pox	***					
HIB						
Hep A						
PPD						

***If the child has had the Chicken Pox disease, a statement signed by The parent/physician is required indicating the month and year the Child had the disease**

PHYSICAL FINDINGS

Height _____ Weight _____

Nutrition _____

Skin and Hair _____

Teeth and Gums _____

Nose _____

Throat _____

Tonsils Enlarged_____ Removed _____

Ear and Ear Drums _____

Eyes and Eyelids _____

Vision OD_____ OS _____ Both_____

(Kindergarten and new First grade students to WSD please complete Missouri State Eye Exam Form)

Heart _____ BP _____

Lungs _____

Lymph Glands _____

Hernia _____

Orthopedic _____

Scoliosis Screening _____

Urinalysis SpG _____React_____ Alb _____ Sug _____