Health History and Physical Examination Form

Independent School District 196·Rosemount, Apple Valley, Eagan

Student's Name _____ ☐ M ☐ F Date of Birth _____

Last First Middle Month/Day/Yr

Parent/Guardian Name _____ Home Phone _____

Significant Past Health history or present illness: _____

Parent/Guardian: Please complete this section **Health History** Black Ink Please print

	Yes	No	Remark		Yes	No	Remark
Allergies (Specify)				Speech Difficulty			
Asthma				Emotional Difficulty			
Diabetes				Physical Handicap			
Visual Difficulty				Surgery (Specify/dates)			
Seizures				Other:			

Preschool Screening
Done in District 196? ____Yes ____No
IEP ____Yes ____No

Please use this space for any concerns or special needs your child may have at school:

Would you like to have an appointment with the school nurse ___Yes ___No

Physician: Please complete the sections below:

Height _____in Weight _____lb BMI_____ Vision R20/_____ L20/_____ Corrected ☐ Yes ☐ No

	Normal	Abnormal	Remarks		Normal	Abnormal	Remarks
Hearing			Right _____ Left _____	Abdomen			
Skin				Genito-Urinary			
ENT				Neurological			
Dental				Nutrition			
Heart				Speech			
Lungs				Emotional			
Varicella Disease	Yes	No	***Date of disease required Sept. 2010 Mo._____ Yr._____**	Allergies: Please list:			

Medications and treatments to be administered at school:

Is there a condition that may result in an emergency situation ☐ Yes ☐ No Please explain:

Is there a condition that may limit participation? ☐ Yes ☐ No

Physician Signature _____ Date of Exam_____

Physician Name (print or type)_____Clinic_____Phone_____