

EVANSVILLE LUTHERAN SCHOOL
111 Virginia St., Evansville, IN 47711
PHYSICAL EXAMINATION RECORD
(To be completed by your doctor)
FAX to 812- 424-7340 or Email to khurst@elsone.org

Name _____ Grade _____
Last First Middle

Address _____ Telephone _____

Date of Birth _____ Sex _____ Family Physician _____

PHYSICAL EXAMINATION

(CODE: No Defect - 0; Defect - Note)

Height _____ Weight _____

Eyes _____

Vision (Snellen) Right: _____
Left: _____

Ears: Right: _____
Left: _____

Teeth _____
Caries _____

Nose _____

Throat _____

Lymph Nodes _____

Thyroid _____

Heart _____

Blood Pressure _____

Lungs _____

Abdomen _____

Hernia _____

Orthopedic Impairments _____

Posture/Scoliosis _____

Nutrition _____

Skin _____

Nervous System _____

Menstrual History _____

Anno-rectal _____

External Genitals _____

General Condition _____

History of severe illness, injuries, or surgeries _____

Allergies _____

RECORD OF REQUIRED IMMUNIZATIONS

Month/Day/Year

DPT 1. _____

2. _____

3. _____

4. _____

5. _____

TD (Tetanus, Diphtheria) 1. _____

2. _____

3. _____

4. _____

Polio Vaccine 1. _____

2. _____

3. _____

4. _____

5. _____

MMR 1. _____

2. _____

HbCV/HbPV 1. _____

2. _____

3. _____

Hepatitis A 1. _____

2. _____

Hepatitis B 1. _____

2. _____

3. _____

Varicella 1. _____

2. _____

Menactra 1. _____

2. _____

Prevnar 1. _____

2. _____

3. _____

4. _____

Tests: Lead Poisoning: Yes _____ No _____

Results: _____

Sickle Cell Anemia: Yes _____ No _____

Results: _____

Urinalysis: Date: _____

Results: _____

Other: _____

I recommend medical or dental attention to the following conditions:

Yes _____ No _____

Date _____

Our school has a health program that is designed to improve, protect, and promote the health of the child. As a part of this health program we strongly urge all parents to have their children visit their dentist at least once a year for a dental examination and whatever treatment may be necessary. In the interest of better dental health would you take your child to a dentist of your choice. When the examination and treatment are completed, this form should be returned to the school.

DENTAL EXAMINATION AND TREATMENT FORM*

This is to certify that I have examined the teeth of:

- _____ 1. All necessary dental treatment has been completed.
- _____ 2. Treatment is in progress.
- _____ 3. No dental treatment is necessary at this time.

Further recommendations:

Date

Please return this form to Evansville Lutheran School.