PULASKI COMMUNITY SCHOOL DISTRICT

Health Care Provider's Examination

Name_____ Male Female Date of Birth_____

Medical History_____

Pertinent Family History_____

_____

Current Health Issues

Y N

☐ ☐ Allergies: Please list: Medications_____Food_____Other_____

☐ ☐ History of Anaphylaxis to_____ Epi-pen Yes No Antihistamine Yes No

☐ ☐ Asthma: Asthma Action Plan Yes (please attach) No

☐ ☐ Diabetes Type I Type II

☐ ☐ Seizure Disorder_____

☐ ☐ Other (Please specify)_____

Current Medications: Please list:_____

A separate medication order form is needed for each medication that is to be administered in school.

Physical Examination **Date of Examination**_____

Hgt:_____ (_____%) Wgt:_____(_____%) BMI_____ BP:_____

Check = Normal (If abnormal, please describe.)

☐ General_____ ☐ Lungs_____ ☐ Extremities_____
☐ Skin_____ ☐ Heart_____ ☐ Neurologic_____
☐ HEENT_____ ☐ Abdomen_____ ☐ Other_____
☐ Dental/Oral_____ ☐ Genitalia _____

Screening: (Pass) (Fail) (Pass) (Fail) (Pass) (Fail)

Vision : Right Eye ☐ ☐ Hearing: Right Ear ☐ ☐ Postural Screening: ☐ ☐

Left Eye ☐ ☐ Left Ear ☐ ☐ (Scoliosis/Kyphosis/Lordosis)

Stereopsis ☐ ☐

Laboratory Results: Lead_____ Date_____ Other_____

The entire examination was normal:

Targeted TB Skin Testing: Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries, medical risk factors):

Date of PPD:_____; Results:_____mm.

Referred for evaluation to:_____ Low risk (no PPD done)

See reverse side

This student has the following problems that may impact his/her educational experience:

☐ Vision ☐ Hearing ☐Speech/Language ☐Fine/Gross Motor Deficit
☐ Emotional/Social ☐ Behavior ☐ Other

Comments/Recommendations:_____

_____

☐ **Y** ☐ **N** **This student may participate fully in the school program, including physical education and recess.**

If no, please list restrictions:_____

_____

Immunizations given at this visit_____

_____

_____ _____ _____
Signature of Examiner/ Circle: MD, DO, NP, PA Date Please print name of Examiner

_____ _____
Group Practice Telephone

_____
Address City State Zip Code

Please attach additional information as needed for the health and safety of the student