

Physical and Immunization Form

St. Andrew Parish School
115 S. 7th Street, Delavan, WI
262-728-6211 FAX 262-728-3683

Student Name: _____ Birth Date: _____ Grade: _____

School: _____ Parent Name: _____

DTP									Height
Polio									Weight
Hepatitis B									Vision – Right Left
MMR									Hearing
Varicella (Chicken Pox)	Vaccine	Disease	TB	Negative	Positive				Blood Pressure
Physical Assessment									Hemoglobin/Hematocrit
		Normal	Abnormal	Not Evaluated					
General Appearance									Urinalysis
Posture, Gait									
Head									
Skin									Lead Screening
Eyes									
Ears									
Nose, Mouth, Pharynx									
Teeth									Sickle Cell (As Needed)
Lungs									
Heart									
Abdomen									
Genitalia									
Bones, Joints, Muscles									Medications
Neurological									
Gross Motor									
Fine Motor									Allergies
Communication									
Cognitive									
Self-Help									
Social									Activity Restrictions
Glands									
Muscular Coordination									
General Statement on child's physical status:									
Recommendations for accommodations:									

Print Physicians Name: _____

Address: _____ Phone: _____

Physician's Signature: _____ Date: _____