SHAWNEE MISSION
SCHOOL DISTRICT

Physical Exam Record

To be completed by certified healthcare professional

Student's Name	Date of Birth	Age	Sex (M/F)	Grade
	/ /			

Does the child have a diagnosed medical condition? ☐ No ☐ Yes
Specify:

Does the child have a health condition that may require EMERGENCY ACTION while at school? ☐ No ☐ Yes
(e.g.: seizure, severe allergic reaction, diabetes)
Specify:

Is the child on prescription medication? ☐ No ☐ Yes
Specify medication and diagnosis:

Are any immunization, booster, or revaccinations indicated? ☐ No ☐ Yes
Specify type and due date:

Does the child have history of chicken pox disease? ☐ No ☐ Yes
Specify date:

Does the child require any restriction of physical activity in school? ☐ No ☐ Yes
Specify nature and duration of restriction:

EXAM FINDINGS/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area Of Concern	Yes	No	Referred for Evaluation
Head				Developmental			
Eyes				Mobility			
ENT				Speech/language			
Neuro				Hearing			
Dental				History of frequent ear infections			
Respiratory				Vision			
Cardiac				Nutrition			
GI/GU				History of traumatic head injury			
Abdomen				Signs of acanthosis nigricans			
Endocrine				Learning disability			
Skin				Attention deficit hyperactivity disorder (ADHD)			
Genital				Psychosocial			
Orthopedic				Other:			

Please explain any abnormal or area of concern findings:

SCREENING RESULTS

Height: ft. in.	Weight: lbs.	Body Mass Index (BMI):
Blood Pressure:		Vision: L 20/ R 20/ Both 20/ Glasses ☐ Contacts ☐

Print Name	**Signature of Healthcare Provider**	**Date**
		/ /

State law (K.S.A. 72-5214) requires all children up to the age of nine entering a Kansas public school for the first time present results of a health assessment prior to school entry.

Revised 3/2017