



**EANES INDEPENDENT SCHOOL DISTRICT
PHYSICIAN'S REPORT FOR NEW
ELEMENTARY STUDENTS
(NOT FOR UIL ACTIVITY)**

Name: _____ Grade: _____ Sex: _____ Birthdate: _____

Height: _____ IN. / _____ %tile.

Vital Signs:

Weight: _____ LBS. / _____ % tile.

Pulse _____ Resp _____ B/P _____

PHYSICAL EXAM	Normal	Abnormal	Other	Describe Abnormal Findings and any Curriculum Adjustments Necessary
<u>Allergies (Drug, Food or Environmental)</u>				
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<u>Skin</u>				
<u>Eyes: External/Optic Fund:</u>				
<u>Ears: External and Canais</u>				
<u> Tympanic Membranes</u>				
<u>Nose, Mouth Pharynx</u>				
<u>Teeth/ Gums</u>				
<u>Heart</u>				
<u>Thyroid</u>				
<u>Lungs</u>				
<u>Abdomen (including Hernias)</u>				
<u>Genitalia</u>				
<u>Bones, Joints, Muscles</u>				
<u>Nervous System</u>				
<u>Pertinent Health History:</u>				

**** If at risk for Anaphylaxis, Allergy Emergency Plan is REQUIRED.** Form can be downloaded at <http://www.eanesisd.net/dept/health/forms>

INDICATED: Vision: R 20/ ____ Hearing: R _____ L 20/ ____ L _____
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_____ THIS CHILD IS PHYSICALLY ABLE TO PARTICIPATE IN A NORMAL SCHOOL PROGRAM INCLUDING PHYSICAL EDUCATION.

_____ THIS CHILD REQUIRES MODIFICATION OF THE NORMAL SCHOOL PROGRAM AS NOTED.

DATE _____ *PHYSICIAN'S SIGNATURE* _____

PHYSICIAN NAME PRINTED OR STAMPED _____