MEHLVILLE SCHOOL DISTRICT
PHYSICAL EXAMINATION FORM

H-28
Rev. 01/10

PHYSICALS ARE REQUIRED FOR ALL STUDENTS ENTERING KINDERGARTEN, 4th, 7th AND 10TH GRADE AND ALL STUDENTS NEW TO THE DISTRICT. This physical examination may be completed only by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) before the FIRST DAY OF SCHOOL ATTENDANCE.

Student's Name _____ Address _____

School _____ Grade _____ Teacher _____
(for elementary students)

PLEASE CHECK ALL ITEMS EXAMINED

ITEM	X	ITEM	X	ITEM	X	ITEM	X	ITEM	X
Height		Teeth, Gums		Lungs		Lymph Glands		Urinalysis	
Weight		Nose		Pulse		Hernia		Heart	
Nutrition		Throat		Orthopedic		Tonsils		Posture	
Skin		Ears		Eyes		Scoliosis			

RESULTS: Hearing R_____ L_____	Vision R_____ L_____	Blood Pressure: / Pulse:	Allergic to:

Tuberculin Test _____ _____ _____ _____
Kind Neg. Pos. Date and results of last x-ray

Immunizations Given with this Physical: _____ _____ _____

Menstrual History: _____

DETAILS ON ALL POSITIVE FINDINGS: _____

RECOMMENDATIONS FOR CORRECTION OR FOLLOW UP: _____

_____

SHOULD PHYSICAL ACTIVITY BE RESTRICTED? ____ _____ IF YES, SPECIFY DEGREE. _____
Yes No

IS THERE EVIDENCE OF EMOTIONAL UPSET? _____

I certify that I have, on this date, examined _____(name of student) and recommend him or her, as being physically able to compete in interscholastic athletics, intramural, and physical education activities NOT CROSSED OUT below or otherwise specified: _____

_____.

FOR BOYS

Touch Football	Physical Fitness Testing	Soccer
Volleyball	Basketball	Table Tennis
Wrestling	Tennis	Tumbling
Rope Jumping	Speed ball	Baseball
Track & Field	Cross Country	Softball
Swimming	Gymnastics	Golf
Water Polo	Folk & Square Dancing	Fleet Ball
Football	Weight Lifting	Handball
	Ice Hockey	

FOR GIRLS

Soccer	Table Tennis	Aerobics
Basketball	Tennis	Tumbling
Gymnastics	Rope Jumping	Folk & Square Dancing
Modern Dance	Track & Field	Field Hockey
Softball	Archery	Golf
Badminton	Cheerleading	Volleyball
Swimming	Touch Football	Physical Fitness Testing
Speed ball	Handball	Pickle Ball

Date of Examination: _____ Signed: _____M.D. or D.O.

Print or Type Physician's Name _____ Phone Number _____

- SEE OTHER SIDE -

P.E. REVIEW

formh-28

MEHLVILLE SCHOOL DISTRICT

COMMUNICABLE DISEASE AND MAJOR ILLNESS RECORD

Illness	Month	Day	Year
Chickenpox			
Fifth Disease			
Infectious Hepatitis			
Pneumonia			
Scarlet Fever			
Strep Throat			
Other			

GENERAL INFORMATION REGARDING HEALTH CARE OF STUDENTS AT SCHOOL

HEALTH RECORD

A permanent Health Record is maintained for every student in the District. Information relative to immunization, screenings, and other health information is recorded in this folder and is begun when the child enters school. Each child's record should show home phone numbers, parent/guardian's phone numbers at work, and the phone number of two other people who would be responsible for him/her if a minor accident or illness should occur at school and parents could not be reached.

EXCLUSION FROM SCHOOL

As a means of controlling epidemics or childhood diseases and other common communicable diseases, careful, continuous daily observation of children and isolation of sick children is most effective. Any child with skin rashes, inflamed eyes, or sign of fever, will be excluded until seen by a physician and/or symptoms disappear.

MISSOURI DIVISION OF HEALTH REGULATIONS

CHICKENPOX Exclusion of sick child from school until lesions are dried and no further appearance of pox.

CONJUNCTIVITIS (Pink Eye) Exclusion from school until acute inflammation has subsided (or with written permission from the doctor to return to school).

IMPETIGO Exclusion from school until sores are healed and/or with written permission from the doctor to return to school.

PEDICULOSIS (Head Lice) Daily evaluations by the nurse until effective treatment is received and the student shows no evidence of nits and/or lice in the hair.

SCABIES Exclusion until adequately treated and note from physician, stating diagnosis and release to return to school, is received.

SCARLET FEVER & STREP THROAT Children should not return to school until at least 24 hours after beginning antibiotic treatment and until they are free of fever. Prescribed treatment should be completed.

STREPTOCOCCAL SORE THROAT Is Scarlet Fever infection without a rash. All symptoms are the same, except that rash and peeling do not occur.

RETURN TO SCHOOL AFTER ILLNESS

When students have been absent from school because of illness and elevated temperatures of 100 degrees or above, they should be kept home until their temperature has been normal for 24 hours. When students return to school after an illness, they should bring a note explaining the nature of the illness.

SCREENINGS

At various times during the school year, the District sponsors screenings designed to promote good health practices among the student body. The screenings, which are done at various grade levels, include hearing, scoliosis, and vision screening. No treatment is attempted, but parents are notified of any findings which indicate a need for further checking by a doctor.