

**WISCONSIN CONFERENCE  
OF SEVENTH-DAY ADVENTISTS ELEMENTARY SCHOOLS**

**Physical Exam Form**

Physicals are required when entering into the elementary grades, whether starting in Kindergarten or 1<sup>st</sup> grade and then in 5<sup>th</sup> and 9<sup>th</sup> grade, as well as anyone coming in from out of state from any grade.

**EXAMINATION RECORD TO BE FILLED OUT BY THE PHYSICIAN:**

General appearance: \_\_\_\_\_ General nutrition: \_\_\_\_\_ Blood pressure: \_\_\_\_\_ Hearing (Audiometric): \_\_\_\_\_  
Tonsils & adenoids: \_\_\_\_\_ Other lab exam: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Posture: \_\_\_\_\_  
Feet: \_\_\_\_\_ Skin: \_\_\_\_\_ Abdomen: \_\_\_\_\_ Heart: \_\_\_\_\_ Genitals: \_\_\_\_\_ Hernia: \_\_\_\_\_ Pulse: \_\_\_\_\_  
Vision (right eye): \_\_\_\_\_ Vision (left eye): \_\_\_\_\_ Thyroid: \_\_\_\_\_ Other glands: \_\_\_\_\_ Reflexes: \_\_\_\_\_  
Lungs: \_\_\_\_\_ Emotional status: \_\_\_\_\_ General Condition: \_\_\_\_\_

Is the student capable of carrying a full program of school works, including Physical Education? Yes \_\_\_ No \_\_\_ If no, please give reason and state limitations:

\_\_\_\_\_

\_\_\_\_\_

Is student subject to conditions that may cause classroom emergencies, such as epilepsy, diabetes, fainting, allergies, asthma, other?

Yes \_\_\_ No \_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_

Is the student's immunization test up to date? Yes \_\_\_ No \_\_\_

(Child's name) \_\_\_\_\_ has been examined by me and found free of disease and is physically and mentally able to participate in group activities.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_