



# SCHOOL DISTRICT OF WESTFIELD

N7046 CTY ROAD M  
WESTFIELD, WI 53964  
PH: 608-296-2141 FAX: 608-296-2938

## Physical Examination (4K/K) Form to be completed by a healthcare provider

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height _____ (inches)	General appearance _____
Weight _____ (pounds)	Skin _____ Eyes _____ Ears _____
Blood Pressure _____	Nose _____ Mouth _____ Throat _____
Other _____	Teeth _____
Vision Screening Results:	Respiratory _____
Right _____ Left _____	Cardiovascular _____
Glasses: at all times / reading / distance only	Gastrointestinal _____
Hearing Screening Results:	Genitourinary _____
Right _____ Left _____	Muscular/Skeletal _____
	Neurological _____

- Does the child see a dentist?  No  Yes
- Does the child have any dental health concerns?  No  Yes
- Does the child have a health condition which may require an EMERGENCY ACTION PLAN while at school (seizure disorder, diabetes, asthma, bleeding issue, severe allergy, etc)?  No  Yes  
If yes, please attach a plan printout please.
- List any allergies and specific reactions: \_\_\_\_\_
- Are any allergies LIFE THREATENING?  No  Yes, please describe  
Does the student need emergency epinephrine available?  No  Yes
- Is the child on any medication(s)?  No  Yes, please list medication, dosage, and frequency  
Please fill out a Medication Administration Consent form if any medications are needed at school.
- Are there any restrictions on physical activity or physical education in school for this child?  No  Yes, please describe nature, duration, and any special equipment
- Does the child need any special nutritional considerations?  No  Yes, please describe
- Are there any other significant findings on exam, family or health history that may impact this child's health or learning at school?  No  Yes

Comments: \_\_\_\_\_  
\_\_\_\_\_

Examiner signature \_\_\_\_\_ Exam Date \_\_\_\_\_  
Printed name of examiner \_\_\_\_\_ Clinic Name \_\_\_\_\_  
Phone # of examiner \_\_\_\_\_ Fax # \_\_\_\_\_

**Please return this form along with a copy of the student's immunization records to the school.**

Fax Numbers: Coloma Elementary 715-228-2860 Oxford Elementary 608-586-4521 Westfield Elementary 608-296-4001 Westfield Area Middle/High School 608-296-2293