School District of Menomonee Falls

CHILD HEALTH EXAMINATION

School: _____ Date: _____

REPORT TO SCHOOL ON SIGNIFICANT FINDINGS OF HEALTH EXAMINATIONS

Name of Student: _____ Date of Birth: _____ Grade: _____
(Last, First)

Name of Parent (s): _____ Address: _____

_____

Medical conditions of significance to school authorities: _____

_____

_____

Is student capable of carrying a full program of schoolwork? Yes ☐ No ☐

Should there be restrictions on going up and down stars? Yes ☐ No ☐

Is special seating recommended? Yes ☐ No ☐

Explain: _____

_____

_____

Is there evidence of emotional or behavior problems? Yes ☐ No ☐

Is there a need to restrict physical education activity? Yes ☐ No ☐

If Yes please circle one and add comments as needed:

1. MODERATE RESTRICTIONS: (participation in designated physical education and athletic activities)_____

_____

_____

2. SEVERE RESTRICATION (participation in only a limited number of low level activities) _____

_____

_____

3. RECONSTRUCTIVE OR REHABILITATIVE ACTIVITY (participation in a prescribed program of corrective exercises and adaptive sports with appropriate periods of rest) _____

_____

_____

Name of Physician: _____ Signature of Physician: _____
(please print)

Physician Address: _____

Physician Phone Number: _____

To be filled out by School Personnel:

_____ Date: _____

_____ Date: _____

_____ Date: _____

_____ Date: _____

Please see back for Instructions

revised 1/16/12

To Physician

1. Please complete the health examination.
2. Make recommendations for pupil's school program.
3. Ask parent to return to the School District of Menomonee Falls – District Nurse

To Parent/Guardian

1. Make an appointment with your physician to examine your child.
2. Plan to carry out the advice he/she gives you.
3. Return the record to:

School District of Menomonee Falls
District Nurse
Ben Franklin Elementary School
N81 W14701 Franklin Drive
Menomonee Falls, WI 53051

OR Send with your child to school

REMEMBER: to plan best for your child's school program, the school and the Department of Health need the help of your physician.