

District Policy & Regulations

BOARD OF EDUCATION COLUMBUS SCHOOL DISTRICT

STUDENTS
5310.01/PAGE 1 OF 1

PHYSICAL EXAMINATIONS FOR STUDENTS

Pursuant to a recommendation by a community health committee, and to help detect any physical conditions requiring limited participation in school activities, it shall be the policy of this school district to require, at the time of a child's first enrollment, evidence of a health examination by a licensed physician.

The report shall be made on a form prescribed by the School Board. The examination should include inspection of eyes, ears, teeth, mouth, nose and throat, heart, nutritional status, hernia, and urinalysis. It shall include a history of illnesses or conditions that would be of significance to the school. It shall indicate any limitations in school activity. Such a report shall be acceptable only if it covers an examination given no earlier than six (6) months previous to the actual enrollment date.

Pupils transferring from other districts may submit a report from the district last attended if such report encompasses the same information indicated above, and covers an examination given no earlier than eighteen (18) months previous to enrollment in this district. A transfer student may have a maximum of twenty (20) school days after enrollment in this district to submit the report.

Parents who, for financial reasons, cannot comply with these regulations shall present to the Superintendent a written declaration to this effect, together with the name of their family physician.

Legal Ref: Section 118.25 (3), (4) Wisconsin Statutes
Cross Ref: 5310.01, Physical Exam Requirement Guidelines

Adopted: 05/22/00
Revised: 08/26/02, 02/08/07

District Policy & Regulations

BOARD OF EDUCATION COLUMBUS SCHOOL DISTRICT

STUDENT PHYSICAL EXAMINATION REQUIREMENTS

At the time of student's first enrollment into the Columbus School District, evidence of a health examination by a licensed physician on the form provided, or another acceptable one, is required.

*Students that have attended school may submit a physical report from the school last attended that would meet the above requirement if it also meets the following conditions:

1. Examination was given in the last eighteen (18) months.
2. Report covers the same information as the form we prescribe.
3. Report is submitted to the school office within twenty (20) days after enrolling into the district.

Kindergarten or other students enrolling into school for the first time must have this examination within the last six (6) months, and be completed by the first day of attendance.

The physical examination for _____ entering
grade _____ must be submitted to this office on or before
_____.

If this form is not present on the date listed above, the student may not be admitted to classes.

Parents Signature

Date

Original – Parent
Copy – School Nurse

District Policy & Regulations

BOARD OF EDUCATION COLUMBUS SCHOOL DISTRICT

Return this form
to school.

PHYSICAL EXAMINATION RECORD

STUDENT INFORMATION (To be completed by parent/guardian)

Student's Name: _____ Birth date: _____

Parent/Guardian's Name: _____

Address/City/Zip: _____

PHYSICAL EXAM FINDINGS (To be completed by Physician)

FINDINGS	NORMAL	ABNORMAL	COMMENTS
General Appearance			
Eyes (Left/Right)			
Ears (Left/Right)			
Nose, Mouth, Throat			
Neck, Lymph glands			
Lungs			
Heart			
Abdomen			
Genitalia, Hernia			
Posture/Feet			
Allergies (List)			
Other:			

Height _____ Weight _____ Birth Weight _____

LABORATORY WORK TO BE COMPLETED

Hemoglobin _____ **Or** Hematocrit _____
 Urine Sugar _____ Protein _____
 TB Skin Test Type _____ Date _____
 Reaction Positive _____ Negative _____

LIMITATIONS IN SCHOOL

IMMUNIZATIONS

List dates of ALL immunizations administered earlier and at time of this examination.

	1 st	2 nd	3 rd	4 th	5 th
DPT					
Polio					
Hepatitis B					
MMR					
HIB					

Date of Exam: _____

Physician's Signature: _____

District Policy & Regulations

BOARD OF EDUCATION COLUMBUS SCHOOL DISTRICT

To the Parent/Guardian

of _____:

At the time of a student's first enrollment into the Columbus School District evidence of a health examination by a licensed physician on the form provided, or another acceptable form, is required.

Students who have attended school may submit a physical report from the school last attended that would meet the above requirement **if** it also meets the following conditions:

1. The examination was given in the last eighteen (18) months.
2. The report covers the same information as the form we prescribe.
3. The report is submitted to the school office within twenty (20) days after enrolling in our district.

The Physical Exam Form is missing from your child's health file.

We must hear from you regarding this matter. Please check one of the following options:

1. We will provide evidence of a physical exam completed by a licensed physician on the attached form. Physical Exam Form to be returned by _____(date).

OR

2. In the event you are unable to comply with the physical exam requirement please check the appropriate box.

For insurance/financial reasons we are unable to comply with the required school physical for the Columbus School District.

For personal conviction reasons this student will not be having a physical exam.

Parent/Guardian Signature _____

Date _____

Return this form by _____

If you have any questions, please call the school district Nurse at (920) 623-5954.
Thank you for your attention to this matter.

District Policy & Regulations

BOARD OF EDUCATION COLUMBUS SCHOOL DISTRICT

Date: _____

Mr. Mark Jansen
Superintendent
Columbus School District
200 West School Street
Columbus, WI 53925

Dear Mr. Jansen:

I, _____, declare that at this time, I/We are financially unable to pay the cost of the required school physicals for my/our child/children who are enrolled in the Columbus School District.

Child's/Children's Name(s): _____

- We have insurance that would cover this expense.
- We do not have insurance that would cover this expense.
- We are receiving medical assistance at this time.
- We are not receiving medical assistance at this time.

Parent's Signature

Signature of Witness