

**Guidelines**

Student • Physical Examinations for Students 5310.01

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**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

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Columbus School District  
200 West School Street  
Columbus, WI 53925

**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 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
DPT					
Polio					
Hepatitis B					
MMR					
HIB					

Date of Examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Return this form to school

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Columbus School District  
200 West School Street  
Columbus, WI 53925

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.