

Return completed form to:
District Nurse
305 E. Slifer St.
Portage, WI 53901
Fax: 608/742-3989

**Portage Community School District
Health Care Provider Report of Student's Kindergarten Physical Examination**

Student: _____ M F Birthdate: _____ School: _____

Parent: _____ Phone: _____

Complete address: _____

I give permission for the clinic to release this information to the Portage Community School District.

Parent Signature

Date

Immunizations

Please review the Student Immunization Law Age/Grade Requirements and complete the Student Immunization Record. A printout of your child's immunization dates may be attached. If you choose a waiver for any of the requirements, please follow the Step 4 & 5 instructions on the Student Immunization Record.

Students with any immunization waiver on file at school will receive notification of vaccine preventable disease situations in the school setting and guidance on what to do to keep the child and others safe. This is done in conjunction with the local health department and may include directions to keep the un- or under-immunized child at home from school and school-related activities during the period of communicability.

Medication

**A Medication Request / Procedure Form must be completed for school staff to administer medication at school. Medication must come in the original pharmacy package with matching instructions to the form, or in the original packaging from the store. The Medication Request / Procedure Form is available online at <http://www.portage.k12.wi.us/district/medication.cfm> or in the school office. One medication per form. Medication must be brought to the main school office by a parent. Do not send medications to school with students.

Student with Health Concerns

If your child has a health condition, please discuss their needs with the school nurse. The school nurse may assist with developing an appropriate health condition management plan or obtaining medical action plans from health care providers. Building level staff is trained to meet student needs in the absence of a school nurse. Contact Valerie Hon, District Nurse at 608/742-4879, extension 4022.

--OVER--

Student Name: _____

DOB: _____

This portion is completed by the health care provider

Ht _____ (inches)	General appearance _____
Wt _____ (pounds)	_____
Blood Pressure _____	Skin _____ Eyes _____ Ears _____
Lead screening results _____	Nose _____ Mouth _____
_____	Throat _____ Teeth _____
Vision screening if eye exam not scheduled	Respiratory _____
Right _____ Left _____	Cardiovascular _____
Glasses-At all times/Reading/Distance only	Gastrointestinal _____
Hearing screening	Genitourinary _____
Right _____ Left _____	Muscular/Skeletal _____
	Neurological _____

Comments: _____

Does child see a dentist? yes no Does child have dental health concerns? yes no

Does this child have a health concern which may require an EMERGENCY ACTION PLAN while s/he is at school? Attach a plan printout please. (e.g., seizure condition, diabetes Type 1 or 2, cardiac condition, asthma, bleeding condition, insect sting allergy, severe food allergy) yes no

List any allergies and specific reactions. _____

Are any allergies LIFE-THREATENING? yes no
If yes, please describe.

Does student need an epinephrine auto injector? yes no

Is this student on daily medication? yes no
If yes, please list medication, dosage, and frequency. **

Are there any restrictions of physical activity or physical education in school? yes no
If yes, please describe nature, duration and any special equipment used.

Does student need special nutritional consideration? yes no
If 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? yes no

****A Medication Request / Procedure Form must be completed for school staff to administer medication / perform procedures at school.**

Signature/title of health examiner: _____ Date: _____

Printed or typed name of health examiner: _____

Address of health examiner: _____ Phone number: _____