WALWORTH JOINT SCHOOL DISTRICT #1

Walworth Elementary School (Grades PreK-4)
Walworth Middle School (Grades 5-8)
121 Beloit Street
Walworth, Wisconsin 53184
Web page: www.walworth.k12.wi.us

Pamela Knorr, District Administrator Pamela Larson, Principal

Phone: 262-275-6896 Fax: 262-275-2272

STUDENT PHYSICAL EXAMINATION REPORT Physician's Report

Student's Name	Se	xBirthdate		
Height W	eight	Blood Pressure	/	
Disability of Hearing	Extent	Corrected		
Visual Acuity: R20/L20)/ Corrected R20/	L20/ Diabete	s	
Known Allergies				
Asthma/Bronchitis Seizure Disorders				
. '	Normal '	Abnormal or Commer	<u>its</u>	
EYES EARS NOSE THROAT TEETH SCALP AND SKIN HEART LUNGS ABDOMEN POSTURE ORTHOPEDIC AND FEET NER VOUS SYSTEM NUTRITION GLANDS THYROID PHYSICIAN'S COMMENTS	AND/OR REFERRALS			
Have arrangements been made for further necessary medical attention:			Yes	_No
Is pupil capable of carrying a full program of schoolwork?			Yes	_No
Should this student have any Yes No Explain	restrictions on physical e	ducation, athletics or other a	activity?	
Are there any recommendation Yes No Explain	ons for follow-up, specific	medical or surgical care:		
PHYSICIAN'S SIGNATURE:				
PHYSICIAN'S ADDRESS:		PHONE		