

Every student learning, growing... succeeding.



Dear Parents:

The Muskego-Norway School District Board highly recommends that a health, vision, and dental examination be done when a child first enters school in **five year old kindergarten**.

Please return the attached forms to your student's elementary school in person or by mail by August.

If a student **cannot** participate in physical education or a specific activity of P.E., please have your physician indicate this on the Pupil's Health Examination Form.

If you have any other questions, please contact your student's elementary school office.

Sincerely,

A handwritten signature in blue ink that reads "Teryn Hynning".

Teryn Hynning RN, BSN
Muskego-Norway School District Nurse

Enclosures:

Pupil's Health Examination Form
Student Immunization Record Form

PARENTS PLEASE NOTE: A Physical Exam by your doctor is highly recommended but not required for school entrance. If your child participates in interscholastic athletics, a separate exam is **NOT** needed – (however, you **must** complete the WIAA form). (This form is **not** acceptable for WIAA sports.)

Muskego-Norway School District Pupil's Health Examination

Name	Birthdate	School	Date
Address	City	Parent/Guardian	

HISTORY

Pertinent Family History: _____

Pertinent Child History: _____

Immunizations received at this visit: _____

Any Health Problem the School Nurse should be aware of: _____

Medications: _____ Dosage: _____ Frequency: _____

PHYSICAL

Height _____ % Weight: _____ lb _____ % Pulse _____ Blood Pressure ____/____/____

Visual Acuity: R _____ L _____ Glasses: Y _____ N _____ Hearing: R _____ L _____

	Normal	Abnormality
Skin		
Eyes		
Ears		
Nose & Throat		
Mouth		
Dental		
Heart		
Lungs		
Abdomen		
Nutritional Status		
Psychological		
Neurological		
Orthopedic		

RECOMMENDATIONS

Physical Education Activities:

Full activity with competitive sports
 Moderate activity
 Adaptive P.E.
 Full activity without competitive sports
 Mild activity
 No activity

COMMENTS

Signature of Physician: _____ Date _____

Address: _____ Phone _____