

# Port Edwards Public Schools

801 Second Street, Port Edwards, WI 54469-1301  
715-887-9000

Elementary School FAX: 715-887-9095  
John Edwards Middle & High Schools FAX: 715-887-9040

[www.pesd.com](http://www.pesd.com)

## SCHOOL HEALTH AND EXAMINATION FORM

Name \_\_\_\_\_ Gender M F Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

General Appearance, including nutrition and posture	
Height:	Weight:
Pulse:	Blood Pressure:
Skin:	
Eyes:	
Ears:	
Teeth:	
Glands:	
Heart:	
Lungs:	
Abdomen:	
Bones and Muscles:	
Genitalia:	
Nervous System:	
Medications:	

### IMMUNIZATION HISTORY

List the MONTH, DAY, and YEAR your child received each of the following immunizations. DO NOT USE A (x). If you do not have an immunization record for this student at home, contact your doctor or public health agency to obtain the dates.

TYPE OF VACCINE	FIRST DOSE mo/day/yr	SECOND DOSE mo/day/yr	THIRD DOSE mo/day/yr	FOURTH DOSE mo/day/yr	FIFTH DOSE mo/day/yr
DTP/DtaP/DT/Td Diphtheria, Tetanus, Pertusis					
Polio					
Hepatitis B					
MMR (measles, mumps, rubella)					

Measles, mumps, and rubella vaccines must have been received on or after the first birthday. If your child received the third dose of DTP/DT/TD and polio after the fourth birthday, further doses may be recommended, but are not required,

### Report to School

Pertinent Past history (convulsive disorders, Diabetes, allergies, eczema orthopedic problems, etc. ):

Physical findings which are of significance to school:

Is pupil capable of carrying a full schoolwork program including physical education and athletics?

Please indicate any specific needs for medical, surgical, or psychiatric care:

Signature of examining Physician \_\_\_\_\_ Date \_\_\_\_\_

Physician is asked to mail form to Port Edward School District 801 Second St. Port Edwards, WI 54469

STUDENT PERSONAL HEALTH RECORD

**Personal Statistics**

Name:		Date of Birth:	/ /
Address:		Phone:	
Parent/Guardian Names:			
Family Physician:		Phone:	
Family Dentist:		Phone:	
Other Children in Family:	Male:	Ages:	
	Female	Ages	

**Birth History:**

List any abnormalities during pregnancy	
High Blood Pressure	Toxemia
Infectious Disease	Other
Premature Birth:	Caesarean:
Birth Weight:	
List any abnormalities after birth:	
Jaundice:	Incubator:
Transfusions:	Physical abnormalities:
Other:	

**Family History:**

	Father	Mother	Siblings
Allergies			
Heart Disease			
Asthma			
Kidney Problems			
Diabetes			
Epilepsy			
Headaches			
Hearing			
Blood Diseases			
Vision			
Color Blindness			
Other			

**Students History:**

Condition	Year	Condition	Year
Measles		German Measles	
Chicken Pox		Mumps	
Scarlet Fever		Whooping Cough	
Pneumonia		Rheumatic Fever	
Kidney Problems		Hearing Difficulties	
Bed-wetting			
Bladder Infections		Ear Conditions	
Frequent Colds		Frequent Sore Throats	
Contact with TB		Diabetes	
Epilepsy		Heart Disease	
Heart murmur		Operations	
Broken bones		Serious injury	