

Kenosha Unified School District No. 1
Department of Health and Physical Education

HEALTH EXAMINATION RECORD

Name of Student _____ Sex _____

School _____ Grade _____

Parent/Guardian _____

Address _____ Phone _____

The above child has been examined and found to be physically and emotionally capable of carrying a full school program including physical education and swimming.

The school should be aware of the following medical problems: (If none, state NONE)

Immunizations: Complete Date (Month/Date/Year)

DTP/DTaP/DTd/Td: _____

Polio: _____

MMR: _____ HepB: _____

Varicella: _____ OR Disease Date: _____

Date of Exam: _____

Signature of Examining Physician: _____

Physical examinations are highly recommended, but are not required **UNLESS** the student is involved in athletics through Kenosha Unified School District. All athletes must have a WIAA physical form on file.