Bellevue Public Schools

"Proudly serving the Bellevue/Offutt Community"

B

NRS 1047-6/10

PHYSICAL EXAMINATION

Last Name _____ First Name _____ Birthdate ___/___/___ ☐ M ☐ F Grade _____

PHYSICAL EXAM: Blood Pressure _____/_____ Pulse _____ Respirations _____

General Appearance _____ Height _____ Weight _____

Nutritional Status _____ Hematocrit or Hgb. _____ Urinalysis _____

Skeletal Development/Posture _____ Scoliosis _____

Scalp and Skin _____ Lymph Nodes _____ Neck _____

Ears _____ Nose _____ Throat _____

Mouth _____ Teeth and Gums _____ Speech _____

Heart _____

Lungs _____ Tuberculin Skin Test: Positive _____ Negative _____

Abdominal examination _____ Hernia _____

Extremities–Upper _____ Extremities–Lower _____

Neurological exam _____

HEALTH HISTORY: Check any past or present illness of this child the school should be made aware of, such as:

___ Asthma
___ Allergies
___ Cancer
___ Chicken Pox _____ Year
___ Diabetes
___ Heart disease
___ hepatitis
___ kidney infections
___ physical handicaps
___ seizure disorder
___ serious injuries
___ surgical operations

___ Other (specify) _____

Visual Evaluation Report	PASS	FAIL	Recommend Further Evaluation
Amblyopia			
Strabismus			
Internal Eye Health			
External Eye Health			
Visual Acuity			
20 feet: Right 20/_____ Left 20/_____ with/without glasses			
16 inches: Right 20/_____ Left 20/_____ with/without glasses			

HEARING SCREENING: Pass Fail						
Audio Test	500	1000	2000	4000	6000	8000
Right Ear						
Left Ear						
IMPEDANCE: Right Ear Left Ear						

1. Is this child subject to any illness which may result in a classroom emergency? Yes ( ) No ( )
   If yes, please describe: _____

2. Is this child subject to any condition which limits:
   Classroom activities? Yes ( ) No ( )
   Physical education? Yes ( ) No ( )
   Competitive sports? Yes ( ) No ( )
   If yes, please describe: _____

3. Is this child taking any medication? ( ) Yes ( ) No If yes, please identify, etc: _____

4. Any other remarks or suggestions? _____

_____ Signature of Health Care Provider

_____ Stamp Required

_____ Date of Exam