

PLYMOUTH COMMUNITY SCHOOL CORPORATION

HEALTH SERVICES DEPARTMENT - PHYSICAL EXAMINATION

Name _____ M F DOB _____ Grade _____
 Last First M

Parents _____ Phone _____

Address _____ School _____

I give consent for my child to compete in the school's athletic program Y N
 (Must have a signature before student can participate in sports) _____

Parent's Signature

MEDICAL HISTORY

- | | | | | |
|---|---|--|--|---|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Headaches | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Rubella | <input type="checkbox"/> Serious Injuries |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Heart | <input type="checkbox"/> Orthopedic | <input type="checkbox"/> Scarlet Fever | _____ |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | Problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Hospitalizations |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Sickle Cell | _____ |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Menstrual Cramps | <input type="checkbox"/> Pregnancy | Anemia | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Strep Infection | _____ |
| <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Mumps | <input type="checkbox"/> RSV | <input type="checkbox"/> Surgeries | _____ |

PHYSICIAN'S EXAMINATION

Height _____ Weight _____ Temp _____

Blood Pressure _____ Pulse _____

Posture _____

Nutrition _____ Dentition _____

Eyes _____

Vision R _____ L _____

Ears _____

Hearing (Gross) _____

Nose _____

Throat _____

Glands _____

Heart _____

Lungs _____

Abdomen _____

Hernia _____

Orthopedic _____

Reflexes _____

Scoliosis _____

Skin _____

Urinalysis _____

Physically fit to participate in the physical education program? Y N

Physically fit for competitive sports? Y N

Reason for restricted program: _____

IMMUNIZATIONS

No child will be permitted to attend school for more than **twenty** days beyond the date of their enrollment unless they are fully immunized or have a written schedule for completion from a physician or County Health Dept. Please include month / day / year of each dose.

- | | |
|---------------------|---------------------|
| DPT 1) _____ | OPV 1) _____ |
| 2) _____ | 2) _____ |
| 3) _____ | 3) _____ |
| 4) _____ | 4) _____ |
| 5) _____ | 5) _____ |

DT _____

MMR 1) _____ 2) _____ Varicella _____

HEPB 1) _____ 2) _____ 3) _____ Other _____

HIB 1) _____ 2) _____ 3) _____ 4) _____

TB Test: Type _____ Date _____ Results _____

Lead Poisoning: Not Tested Tested
 Date _____ Results _____

Sickle Cell Anemia: Not Tested Tested
 Date _____ Results _____

Medications (name, dosage, reason): _____

Physician's Name _____ Physician's Signature _____ Date _____

please print

PLYMOUTH COMMUNITY SCHOOL CORPORATION

TELEPHONE 574-936-3115
FAX 574-936-3160

Administration Office

611 BERKLEY ST
PLYMOUTH, IN 46563

Office of the Superintendent

Dear Parents:

Due to state of health being a major contributing factor to a child's performance in the classroom, the Plymouth Community Board of School Trustees requires physical examinations for all students attending the Plymouth Schools. Examinations must be administered by licensed physicians with the cost being borne by parent(s) and/or guardian(s).

All students entering the Plymouth Schools as first time enrollees are required to file a physical examination report with the School Corporation. According to Indiana State Board of Health requirements, all students must also have a complete immunization record on file. In addition, participants in athletic contests must submit completed Indiana High School Athletic Association physical examination reports prior to participation in the initial practice session of a sport sanctioned by the state association.

Parents are to submit health questionnaires so that school officials will have necessary information to assist each student with health care. Health records are required by the Indiana Department of Education with the endorsement of the State Board of Health.

Transfer students may submit evidence of appropriate physical examinations in lieu of corporation requirements. Such reports must be inclusive of all information that is required by the Plymouth Community School Corporation.

Your attention to filing of all health requirements in a timely manner is certainly appreciated. Please return this completed form to school when your child enters school this fall. If you have questions concerning the completion and/or filing of health records, please contact your building principal.

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Estimados Padres:

Por la razón que la salud es un factor mayor que contribuí como trabaja un niño en la clase de salón, los miembros de tabla de la Comunidad Escolares de Plymouth requieren un examen fisico para todo los estudiantes asistiendo en las escuelas de Plymouth. Estas examenes deben ser administrado por un medico licenciado con el costo siendo la responsabilidad de los padres.

Todo los estudiantes entrando las escuelas de Plymouth por la primera vez son requeridos tener un reporte del examen fisico en el archivo de la escuela de la corporación. Según los reglamentos de Departamento de Salud del Estado Indiana, todos estudiantes también deben tener completo la tarjeta de las inmunizaciones en el archivo. Además, participantes en los juegos atléticos deben someter un reporte completo del examen físico de la Asociación Atlético de Indiana High School antes de participar en la primera sesión de la practica del deporte sancionado por la asociación del estado.

Padres deben entregar los cuestionarios de salud para que los oficiales de escuela tuvieren la información necesaria para asistir cada estudiante con el cuidado de la salud. El record de salud es requerido por el Departamento de Educación de Indiana con el endoso del Departamento de Salud de Indiana.

Estudiantes transferidos pueden someter la apropia prueba del examen fisico en lugar de los requisitos de la corporación. Este reporte debe incluir toda la información que es requerida por la Corporación Escolares de la Comunidad Plymouth.

Su atención en llenar todo los requerimientos de salud en una manera a tiempo es apreciada. Por favor regresar este informe completo a la escuela cuando su niño entra la escuela este otoño. Si tiene preguntas sobre como llenarlo y/o del record de salud, por favor comunicarse con el/la director/a del edificio.

Sincerely,

John E. Hill  
Superintendent of Schools

**An Equal Opportunity Employer**

**Updated 4/17/07**