

**MEHLVILLE SCHOOL DISTRICT  
PHYSICAL EXAMINATION FORM**

H-28  
Rev. 01/10

**PHYSICALS ARE REQUIRED FOR ALL STUDENTS ENTERING KINDERGARTEN, 4th, 7th AND 10TH GRADE AND ALL STUDENTS NEW TO THE DISTRICT. This physical examination may be completed only by a Medical Doctor (M.D.) or Doctor of Osteopathy (D.O.) before the FIRST DAY OF SCHOOL ATTENDANCE.**

Student's Name \_\_\_\_\_ Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

(for elementary students)

PLEASE CHECK ALL ITEMS EXAMINED

ITEM	X	ITEM	X	ITEM	X	ITEM	X	ITEM	X
Height		Teeth, Gums		Lungs		Lymph Glands		Urinalysis	
Weight		Nose		Pulse		Hernia		Heart	
Nutrition		Throat		Orthopedic		Tonsils		Posture	
Skin		Ears		Eyes		Scoliosis			
RESULTS: Hearing		Vision		Blood Pressure: /		Allergic to:			
R_____ L_____		R_____ L_____		Pulse:					

Tuberculin Test \_\_\_\_\_  
Kind \_\_\_\_\_ Neg. \_\_\_\_\_ Pos. \_\_\_\_\_ Date and results of last x-ray \_\_\_\_\_

Immunizations Given with this Physical: \_\_\_\_\_

Menstrual History: \_\_\_\_\_

DETAILS ON ALL POSITIVE FINDINGS: \_\_\_\_\_

RECOMMENDATIONS FOR CORRECTION OR FOLLOW UP: \_\_\_\_\_

SHOULD PHYSICAL ACTIVITY BE RESTRICTED? \_\_\_\_\_ IF YES, SPECIFY DEGREE. \_\_\_\_\_  
Yes No

IS THERE EVIDENCE OF EMOTIONAL UPSET? \_\_\_\_\_

I certify that I have, on this date, examined \_\_\_\_\_ (name of student) and recommend him or her, as being physically able to compete in interscholastic athletics, intramural, and physical education activities NOT CROSSED OUT below or otherwise specified: \_\_\_\_\_

- |                |                          |              |                          |
|----------------|--------------------------|--------------|--------------------------|
|                | <b>FOR BOYS</b>          |              | <b>FOR GIRLS</b>         |
| Touch Football | Physical Fitness Testing | Soccer       | Table Tennis             |
| Volleyball     | Basketball               | Table Tennis | Tennis                   |
| Wrestling      | Tennis                   | Tumbling     | Rope Jumping             |
| Rope Jumping   | Speed ball               | Baseball     | Track & Field            |
| Track & Field  | Cross Country            | Softball     | Archery                  |
| Swimming       | Gymnastics               | Golf         | Cheerleading             |
| Water Polo     | Folk & Square Dancing    | Fleet Ball   | Touch Football           |
| Football       | Weight Lifting           | Handball     | Handball                 |
|                | Ice Hockey               |              | Aerobics                 |
|                |                          |              | Tumbling                 |
|                |                          |              | Folk & Square Dancing    |
|                |                          |              | Field Hockey             |
|                |                          |              | Golf                     |
|                |                          |              | Volleyball               |
|                |                          |              | Physical Fitness Testing |
|                |                          |              | Pickle Ball              |

Date of Examination: \_\_\_\_\_ Signed: \_\_\_\_\_ M.D. or D.O.

Print or Type Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

- SEE OTHER SIDE -

P.E. REVIEW
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MEHLVILLE SCHOOL DISTRICT  
**COMMUNICABLE DISEASE AND MAJOR ILLNESS RECORD**

Illness	Month	Day	Year
<b>Chickenpox</b>			
<b>Fifth Disease</b>			
<b>Infectious Hepatitis</b>			
<b>Pneumonia</b>			
<b>Scarlet Fever</b>			
<b>Strep Throat</b>			
<b>Other</b>			

**GENERAL INFORMATION REGARDING HEALTH CARE OF STUDENTS AT SCHOOL**

**HEALTH RECORD**

A permanent Health Record is maintained for every student in the District. Information relative to immunization, screenings, and other health information is recorded in this folder and is begun when the child enters school. Each child's record should show home phone numbers, parent/guardian's phone numbers at work, and the phone number of two other people who would be responsible for him/her if a minor accident or illness should occur at school and parents could not be reached.

**EXCLUSION FROM SCHOOL**

As a means of controlling epidemics or childhood diseases and other common communicable diseases, careful, continuous daily observation of children and isolation of sick children is most effective. Any child with skin rashes, inflamed eyes, or sign of fever, will be excluded until seen by a physician and/or symptoms disappear.

**MISSOURI DIVISION OF HEALTH REGULATIONS**

- CHICKENPOX**            Exclusion of sick child from school until lesions are dried and no further appearance of pox.
- CONJUNCTIVITIS**    Exclusion from school until acute inflammation has subsided (or with written permission  
**(Pink Eye)**            from the doctor to return to school).
- IMPETIGO**            Exclusion from school until sores are healed and/or with written permission from the doctor to return to school.
- PEDICULOSIS**        Daily evaluations by the nurse until effective treatment is received and the student shows  
**(Head Lice)**            no evidence of nits and/or lice in the hair.
- SCABIES**             Exclusion until adequately treated and note from physician, stating diagnosis and release to return to school, is received.
- SCARLET FEVER**     Children should not return to school until at least 24 hours after beginning antibiotic  
**& STREP THROAT**    treatment and until they are free of fever. Prescribed treatment should be completed.
- STREPTOCOCCAL**    Is Scarlet Fever infection without a rash. All symptoms are the same, except that rash  
**SORE THROAT**        and peeling do not occur.

**RETURN TO SCHOOL AFTER ILLNESS**

When students have been absent from school because of illness and elevated temperatures of 100 degrees or above, they should be kept home until their temperature has been normal for 24 hours. When students return to school after an illness, they should bring a note explaining the nature of the illness.

**SCREENINGS**

At various times during the school year, the District sponsors screenings designed to promote good health practices among the student body. The screenings, which are done at various grade levels, include hearing, scoliosis, and vision screening. No treatment is attempted, but parents are notified of any findings which indicate a need for further checking by a doctor.