EAST TROY COMMUNITY SCHOOL DISTRICT

Committed to the Growth & Success of Each Student, Each Year

PHYSICAL AND VISION EXAMINATION REPORT

STUDENT INFORMATION

Last Name:_____ First Name:_____ Date of Birth:_____ ☐M ☐F

PHYSICAL EXAMINATION

Physician's Name:_____ Phone #:_____ Fax #:_____

Physician's Address:_____ City:_____ St:_____ Zip:_____

Height:_____ Weight:_____ Ears: R:_____ L:_____

	Normal	Abnormal	Comments		Normal	Abnormal	Comments
Abdomen	☐	☐		Mouth & Throat	☐	☐	
Albumin	☐	☐		Neck	☐	☐	
Emotional Stability	☐	☐		Neuro-Muscular	☐	☐	
Heart	☐	☐		Nose	☐	☐	
Hematocrit	☐	☐		Posture	☐	☐	
Hemoglobin	☐	☐		Scalp	☐	☐	
Hernia	☐	☐		Skin	☐	☐	
Lungs	☐	☐		Sugar	☐	☐	
Lymph Glands	☐	☐		Urine	☐	☐	

Activity Limitations:_____

List Medications:_____

Remarks/Recommendations:_____

Summary of Defect(s):_____

Physician's Signature:_____ Date:_____

VISION EXAMINATION -

The State of WI encourages parents of 4K/New 5K students to arrange for their child's eyes to be examined by an optometrist or evaluated by a physician. This should include, at a minimum, the elements listed below.

Physician's Name:_____ Phone #:_____ Fax #:_____

If different than above

Physician's Address:_____ City:_____ St:_____ Zip:_____

(By checking the box, the examining doctor is indicating that the element checked was performed.)

☐ Brief history (general health and eye health of the child, including family history

☐ General external observation of the child's eyes and surrounding structures

☐ Ophthalmoscopic examination through an undilated pupil

☐ Gross measurement of peripheral vision

☐ Evaluation of eye coordination and function (alignment and motility)

☐ Visual acuity for each eye (separately)

Findings:_____

☐ Follow up vision care for this child is recommended

Physician's Signature:_____ Date:_____

SCHOOL CONTACT INFORMATION

☐ Leona Doubek Elementary
Phone: 262-642-6730 x 2300
Fax: 262-642-6723

☐ Prairie View Elementary
Phone: 262-642-6720 x 3300
Fax: 262-642-6788

☐ East Troy Middle School
Phone: 262-642-6740 x 4300
Fax: 262-642-6743

☐ East Troy High School
Phone: 262-642-6760 x 5300
Fax: 262-642-6776