

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.