

SCHOOL DISTRICT OF LA CROSSE
Physical Examination Form

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian _____ Address _____

Telephone _____ School _____

Please check the appropriate box

If yes, describe recommendation for School personnel:

Is there any defect of
 vision Yes No
 hearing Yes No
 speech Yes No

Does student have any health conditions that limits:
 Classroom activity? Yes No
 Homework? Yes No
 Physical education? Yes No
 Competitive athletics? Yes No

Does this student have any health condition that may require a special health plan or may result in a school emergency such as:
 anaphylaxis? Yes No
 asthma? Yes No
 diabetes? Yes No
 migraines? Yes No
 seizures? Yes No
 Other: _____

Does this student receive any routine medication during the school day?
 Yes No
 Please list.

Please Complete School Medication Form

Does this student exhibit any abnormality of
 Growth? Yes No
 Nutrition? Yes No
 Maturation? Yes No
 Height _____ Weight _____

For Kindergarten Students, please complete and attach immunization card.

*Please check reverse side for special DTP requirement for Kindergarten students.

Signature of Physician _____ Date _____

Printed/Typed Name Physician _____ Phone: _____

STATE OF WISCONSIN IMMUNIZATION REQUIREMENTS

2020-2021 SCHOOL YEAR

| | | | | | | |
|---------|-------------------------------|---------------------|----------------------|---------|--------------------|--------------------|
| 2-4 yrs | 4 DTP/DTaP/DT | | 3 Polio | 3 Hep B | 1 MMR ⁵ | 1 Var ⁶ |
| KG | 4 DTP/DTaP/DT/Td ¹ | | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 1st Gr | 4 DTP/DTaP/DT/Td ¹ | | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 2nd Gr | 4 DTP/DTaP/DT/Td ¹ | | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 3rd Gr | 4 DTP/DTaP/DT/Td ² | | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 4th Gr | 4 DTP/DTaP/DT/Td ² | | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 5th Gr | 4 DTP/DTaP/DT/Td ² | | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 6th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 7th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 8th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 9th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 10th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 11th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |
| 12th Gr | 4 DTP/DTaP/DT/Td ² | 1 Tdap ³ | 4 Polio ⁴ | 3 Hep B | 2 MMR ⁵ | 2 Var ⁶ |

1. DTP/DTaP/DT vaccine for children entering Kindergarten: **Your child must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant.** (Note: a dose 4 days or less before the 4th birthday is also acceptable).
2. DTP/DTaP/DT/Td vaccine for students entering PreK and grades 1 through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
3. Tdap means adolescent tetanus, diphtheria and acellular pertussis vaccine. If your child received a dose of a tetanus-containing vaccine, such as Td, within 5 years of entering the grade in which Tdap is required, your child is compliant and a dose of Tdap vaccine is not required.
4. Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if your child received the 3rd dose after the 4th birthday, further doses are not required. (Note: a dose 4 days or less before the 4th birthday is also acceptable).
5. The first dose of MMR vaccine must have been received on or after the first birthday. (Note: a dose 4 days or less before the 1st birthday is also acceptable).
6. Var means Varicella (chickenpox) vaccine. A history of chickenpox disease is also acceptable.