



Saint Katharine Drexel School
503 South Spring Street
Beaver Dam, Wisconsin 53916
Phone: 920-885-5558 Fax: 920-885-7610 Website: www.skds.org

PHYSICAL EXAMINATION FORM

NAME: _____ SCHOOL YEAR _____

This should be a complete physical examination with evaluation of the following:

Eyes, ears, nose, mouth, throat, heart, lungs, nutritional status,
laboratory works as indicated, any needed immunization

Findings:

Medications _____

Vision:

Right: 20/_____

Left: 20/_____

Other: _____

Recommendations:

_____ recheck child

_____ further immunization needed

_____ refer to specialist

_____ special conference with school personnel

Date: _____
Signature of Examining Physician _____