Wadsworth City Schools

524 Broad Street, Wadsworth, OH 44281

Phone: 330.336.3571
FAX: 330.335.1313

PHYSICAL EXAMINATION

Prior to the first day of November of the school year in which a pupil is enrolled for the first time in either kindergarten or first grade, this form must be completed.

***TO BE COMPLETED BY PHYSICIAN:**

Student's Name: _____ Examination Date: _____

☐ Essentially normal

☐ Abnormalities as follows: _____

_____

_____

_____

☐ Male ☐ Female Age: _____ Date: _____

OBJECTIVE DATA:

Height: _____ (%) Weight: _____ (%) B.P. _____ / _____

PLEASE CIRCLE ANY IMMUNIZATION RECEIVED AT THIS APPOINTMENT:

DTap	DPT	Hepatitis B
DT	Td	Varicella
Polio	MMR	HIB

Other: _____

Please print or stamp:

Physician's Name: _____

Physician's Signature: _____

Physician's Address: _____

Physician's Phone: _____ Date Signed: _____