



4K STUDENT PHYSICAL REPORT FORM

The EASD requests a physical examination for 4K/5K, 4th, 7th, and 9th grade students, and for all new students entering the district. This is done to encourage a lifetime of health behaviors, detect any abnormalities, and to promote full participation in activities. Wisconsin State Law requires child care centers to have a student physical report form on-site within the first 90 days of school.

Name _____ Grade **4K**

Date of Birth _____ School _____

Chronic Health Diagnosis _____

Routine Medications and Rational _____

Allergies (Specific type and reaction) _____

Does the child have a milk allergy? Yes No

If yes, identify recommended milk substitute _____

Concussion or Lead Exposure History _____

Posture/Scoliosis _____

Neuro-muscular _____

Head/Neck _____

Acanthosis nigricans No Yes

Ears/Nose/Throat _____

Dental Cavities No Yes

Heart _____

Lungs _____

Abdomen _____

Genito-Urinary _____

Lymph Nodes _____

Hernias _____

Limitations of Activity _____

Height _____ Weight _____ B/P _____ / _____

Vision Screening with Snellen

Right Left Both

20/____ 20/____ 20/____

Glasses No Yes Reading All Times

Urine (optional) _____

Glucose _____

Albumin _____

H&H (optional) _____

Tb Skin Test (PPD or Mantoux)(optional) _____

Psychological Stability _____

Concerns _____

Overall _____

Date of most recent blood lead test _____ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented.

Lead testing is optional for children not on Medicaid.

Physician's signature _____

Date _____

Physician's Address & Phone or Stamp _____

SEE PAGE 2 FOR IMMUNIZATION RECORD

Elkhorn Area School District Administrative Services Center
3 N. Jackson Street
Elkhorn, WI 53121
262-723-4652 (fx)

Lakeland's Little Learners
240 Commerce Court
Elkhorn, WI 53121
262-723-8391 (ph)
262-723-3719 (fx)

Step Ahead Preschool
104 S. Broad Street
Elkhorn, WI 53121
262-723-3132 (ph)
262-723-6790 (fx)

The Learning Curve
1950 Wisconsin 67
Elkhorn, WI 53121
262-723-4504 (ph)
262-742-4582 (fx)

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAYCARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

List the MONTH, DAY, AND YEAR the child received each of the following immunizations. DO NOT USE A (√) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

- Yes, year _____ (Vaccine is not required)
- No or Unsure (Vaccine is required)

REQUIREMENTS

The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES					
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B	
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³ 1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³ 2 Varicella

¹ If the child began the Hib series at 12-4 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (note: a dose 4 days or less before the first birthday is also acceptable).

² If the child began the PCV series at 12-23 months, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³ MMR vaccine must have been received on or after the first birthday (note: a dose 4 days or less before the first birthday is also acceptable).

⁴ Children entering kindergarten must have received one dose after the fourth birthday (either third, fourth, or fifth) to be compliant (note: a dose 4 days or less before the fourth birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR

IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

- Although the child has not received all required doses of vaccine for his or her age group, at least the first does of each vaccine has been received. I understand that it is my responsibility to obtain the remaining doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

- For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

 Physician's Signature Required

- For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)
- For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

SIGNATURE

To the best of my knowledge this form is complete and accurate.

 SIGNATURE – Parent, Guardian or Legal Custodian

 Date Signed