



ELEMENTARY 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 _____

Date of Birth _____ School _____

Chronic Health Diagnosis _____

Routine Medications and Rational _____

Allergies (Specific type and reaction) _____

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 _____

Physician's signature

Date

Physician's Address & Phone or Stamp

SEE PAGE 2 FOR IMMUNIZATION RECORD

Jackson Elementary School
13 N. Jackson Street
Elkhorn, WI 53121
262-723-1200 (ph)
262-723-3719 (fx)

Tibbets Elementary School
W5218 CTY RD A
Elkhorn, WI 53121
262-742-2585 (ph)
262-742-4582 (fx)

West Side Elementary School
222 Sunset Drive
Elkhorn, WI 53121
262-723-3297 (ph)
262-723-4967 (fx)

Options Virtual Charter School
534 Sunset Drive
Elkhorn, WI 53121
262-723-1696 (ph)
262-723-4652 (fx)

STUDENT IMMUNIZATION RECORD

INSTRUCTIONS TO PARENT: COMPLETE AND RETURN TO SCHOOL WITHIN 30 DAYS AFTER ADMISSION. State law requires all public and private school students to present written evidence of immunization against certain diseases **within 30 school days of admission**. The current age/grade specific requirements are available from schools and local health departments. These requirements can be waived only if a properly signed health, religious or personal conviction waiver is filed with the school. The purpose of this form is to measure compliance with law and will be used for that reason only. If you have questions regarding immunizations, or how to complete this form contact your child's school or local health department.

PERSONAL DATA

PLEASE PRINT

Step 1

| | | | | | |
|-----------------------------------------|------------------------------------|--------|--------|-------------------------|-------------|
| Student's Name | Birthdate (Mo/Day/Yr) | Gender | School | Grade | School Year |
| Name of Parent/Guardian/Legal Custodian | Address (Street, City, State, Zip) | | | Telephone Number () | |

IMMUNIZATION HISTORY

Step 2

List the MONTH, DAY, AND YEAR your child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to answer the question about chickenpox, Tdap, or Td. If you do not have an immunization record for this student at home, contact your doctor or public health department to obtain it.

| TYPE OF VACCINE* | FIRST DOSE Mo/Day/Yr | SECOND DOSE Mo/Day/Yr | THIRD DOSE Mo/Day/Yr | FOURTH DOSE Mo/Day/Yr | FIFTH DOSE Mo/Day/Yr |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------|--------------------------|-------------------------|
| DTaP/DTP/DT/Td (Diphtheria, Tetanus, Pertussis) | | | | | |
| Adolescent booster (Check appropriate box) <input type="checkbox"/> Tdap <input type="checkbox"/> Td | | | | | |
| Polio | | | | | |
| Hepatitis B | | | | | |
| MMR (Measles, Mumps, Rubella) | | | | | |
| VARICELLA (Chickenpox) Vaccine Vaccine is required only if your child has not had chickenpox disease. See below: | | | | | |
| Has your child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known: <input type="checkbox"/> YES _____ year (Vaccine not required) <input type="checkbox"/> NO or Unsure (Vaccine required) | Has your child had a blood test (titer) that shows immunity (had disease or previous vaccination) to any of the following? (Check all that apply) <input type="checkbox"/> Varicella <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Hepatitis B If YES, provide laboratory report(s) | | | | |

REQUIREMENTS

Step 3

Refer to the age/grade level requirements for the current school year to determine if this student meets requirements.

COMPLIANCE DATA

Step 4

STUDENT MEETS ALL REQUIREMENTS
 Sign at Step 5 and return this form to school.

OR

STUDENT DOES NOT MEET ALL REQUIREMENTS
 Check the appropriate box below, sign at Step 5, and return this form to school. PLEASE NOTE THAT INCOMPLETELY IMMUNIZED STUDENTS MAY BE EXCLUDED FROM SCHOOL IF AN OUTBREAK OF ONE OF THE DISEASES OCCURS.

Although my child has NOT received ALL required doses of vaccine, the FIRST DOSE(S) has/have been received. I understand that the SECOND DOSE(S) must be received by the 90th school day after admission to school this year, and that the THIRD DOSE(S) and FOURTH DOSE(S) if required must be received by the 30th school day next year. I also understand that it is my responsibility to notify the school in writing each time my child receives a dose of required vaccine.

NOTE: Failure to stay on schedule may result in exclusion from school, court action and/or forfeiture penalty.

WAIVERS (List in Step 2 above, the date(s) of any immunizations your child has already received)

For health reasons this student should not receive the following immunizations _____

 SIGNATURE – Physician Date Signed

For religious reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

For personal conviction reasons, I have chosen not to vaccinate this student with the following immunizations (check all that apply)
 DTaP/DTP/DT/Td Tdap Polio Hepatitis B MMR (Measles, Mumps, Rubella) Varicella

SIGNATURE

Step 5

This form is complete and accurate to the best of my knowledge. Check one: (I do I do not give permission to share my child's current immunization records and as they are updated in the future with the Wisconsin Immunization Registry (WIR). I understand that I may revoke this consent at any time by sending written notification to the school district. Following the date of revocation, the school district will provide no new records or updates to the WIR.

 SIGNATURE – Parent/Guardian/Legal Custodian or Adult Student Date Signed

IMMUNIZATION REQUIREMENTS BY AGE/GRADE LEVEL

The following are the minimum required immunizations for each age/grade level according to the Wisconsin Student Immunization Law. Additional immunizations may be recommended for your student depending on his/her age. Please contact your doctor or local health department to determine if your child needs additional immunizations.

| GRADE/AGE | NUMBER OF DOSES | | | | | |
|--------------------------------------|-----------------------------------------------|----------------------|----------------------|----------------------|--------------------------|--------------------------|
| Pre-K (2 through 4 years) | 4 DTaP/DTP/DT2 | 3 Polio | 3 Hep B ⁶ | 1 MMR ⁷ | 1 Varicella ⁸ | |
| Kindergarten through Grade 5 | 4 DTaP ¹ /DTP/DT/Td ^{2,3} | 4 Polio ⁵ | 3 Hep B ⁶ | 2 MMR ⁷ | 2 Varicella ⁸ | |
| Grades 6-12 | 4 DTaP/DTP/DT/Td ² | 1 Tdap ⁴ | 4 Polio ⁵ | 3 Hep B ⁶ | 2 MMR ⁷ | 2 Varicella ⁸ |
| Pre-College Recommended Vaccination: | MENINGITIS | | | | | |
| Other Vaccinations: | Flu, Pneumonia, HPV | | | | | |

¹ Children > 4 years of age who are in enrolled in a Pre-K class should be assessed using the immunization requirements for Kindergarten through Grade 5 which would normally correspond to the individual's age.

² D= diphtheria, T= tetanus, P= pertussis vaccine. DTaP/DTP/DT/Td vaccine for all students Pre-K through 12: Four doses are required. Note: A dose four days or less before the 4th birthday is also acceptable.

³ DTaP/DTP/DT vaccine for children entering Kindergarten: Each student must have received one dose after the 4th birthday (either the 3rd, 4th, or 5th dose) to be compliant. Note: A dose four days or less before the 4th birthday is also acceptable.

⁴ Tdap is adolescent tetanus, diphtheria and acellular pertussis vaccine. If a student received a dose of a tetanus-containing vaccine, such as Td, within five years before entering the grade in which Tdap is required, the student is compliant and a dose of Tdap vaccine is not required.

⁵ Polio vaccine for students entering grades Kindergarten through 12: Four doses are required. However, if a student received the 3rd dose after the 4th birthday, further doses are not required. Note: A dose four days or less before the 4th birthday is also acceptable.

⁶ Laboratory evidence of immunity to Hepatitis B is also acceptable.

⁷ MMR is measles, mumps, and rubella vaccine. The first dose of MMR vaccine must have been received on or after the first birthday. Note: A dose four days or less before the 1st birthday is also acceptable. Laboratory evidence of immunity to all three diseases (measles and mumps and rubella) is also acceptable.

⁸ Varicella vaccine is chickenpox vaccine. A history of chickenpox disease or laboratory evidence of immunity to varicella is also acceptable.