

SCHOOL HEALTH EXAMINATION

Name of Student _____ Grade _____

Name of Parent _____

Address _____

Date _____

This person has been given a complete examination, including a review of past medical history, environmental factors and immunizations.

Physical findings of significance to school:

Social or emotional findings of significance to school:

Recommendations to school:

Unlimited Physical Education Yes No
Explain:

Immunizations are required for students attending school according to Wisconsin State Statutes 252.04 and 120.12 (16)

Examining Physician _____ Date _____

Address _____

Return to your child's school –

Kewaskum Elementary School, 1415 Bilgo Lane, Kewaskum, WI 53040

I4Learning Community School, 5760 Mohawk Road, Campbellsport, WI 53010

Farmington Elementary School, 8736 Boltonville Road, Kewaskum, WI 53040

**DENTAL EXAMINATION
Washington County**

Name of Student _____ Grade _____

Name of Parent _____

Address _____

Age _____ Date _____

A complete Dental Examination of this mouth indicates:

_____ Child is in need of dental care.

_____ All dental requirements have been fulfilled.

If dental care is required, have arrangements been made for correction?

_____ Yes _____ No

Comments:

Dentist _____ Date _____

Address _____

Return to your child's school –

Kewaskum Elementary School, 1415 Bilgo Lane, Kewaskum, WI 53040

I4Learning Community School, 5760 Mohawk Road, Campbellsport, WI 53010

Farmington Elementary School, 8736 Boltonville Road, Kewaskum, WI 53040