KENAI PENINSULA BOROUGH SCHOOL DISTRICT

148 North Binkley Street, Soldotna, AK 99669-7598 Phone 907/714-8888-Fax 907/262-9645

STUDENT PHYSICAL EXAMINATION

THIS SECTION TO BE COMPLETED BY PARENT

STUDENT'S NAME				DOB		
SCHOOL				GRADE		
PARENT'S NAME				PHONE	_	
ADDRESS			CITY			
THIS SECTION TO BE	COMPLET	ΓED BY MEDICA	L EXAMINE		-	
ITEM	NORMAL	OTHER(NOTE)	ALLERGIES			
Eye						
Ear						
Nose & Throat						
Mouth						
Teeth						
Lymph Nodes						
Heart			T	P		
Lungs			R	BP		
Abdomen-Hernia				WT BMI		
Orthopedic (including gait)			Vision: R			
Nervous System			COMMENTS	:		
Skin						
Nutrition						
Endocrine						
Other						
IS STUDENT ABLE TO IS STUDENT ABLE TO *State Limitations	PARTICIPA	TE IN EXTRACU		ITIES? () YES ()*NO PORTS? () YES ()*NO		
SIGNED(Medica	al Examiner)		DAT	E OF EXAM		
PRINTED NAME			PHONE			

ALL STUDENTS ENTERING THE KENAI PENINSULA BOROUGH SCHOOL DISTRICT FOR THE FIRST TIME MUST HAVE A PHYSICAL EXAMINATION CONDUCTED WITHIN ONE YEAR PRIOR TO ENTRY. THIS APPLIES TO ALL STUDENTS ENTERING SCHOOL IN THE DISTRICT FOR THE FIRST TIME, REGARDLESS OF GRADE.

KPBSD Health Services M110 Rev 1/23