JACKSON SCHOOL DISTRICT
Office of Health Services
Entrance Physical Examination
(Physical must be completed within 30 days of enrollment)
TO BE COMPLETED BY PHYSICIAN OR NURSE PRACTITIONER

Student _____ **Date of Examination** _____

Address _____ **Date of Entry** _____

Phone Number _____ **Date of Birth** _____ **Sex** _____ **Height** _____ **Weight** _____

Vision _____ **Hearing** _____ **Blood Pressure** _____ **BMI** _____

IMMUNIZATION RECORD *(Exact dates required by law – month/day/year)*

	#1	#2	#3	#4	#5
DTaP (Diphtheria, Tetanus, Inactivated Pertussis)					

PHYSICAL EXAMINATION *(Please note every item)*

Ears (Otoscopic)	Heart	Orthopedic: