

HEALTH EXAMINATION REFERRAL FORM**KENOSHA COUNTY SCHOOLS
to be sent to the school**

SCHOOL _____ DATE _____

NAME _____ AGE _____ GRADE _____

ADDRESS _____ TOWNSHIP/VILLAGE _____

To the Parents or Guardian:

A periodic physical health examination is important for all children and adolescents and is recommended by the Department of Public Instruction (DPI). The goal of a physical examination is to identify and provide follow-up on health conditions that may adversely affect a student's health, well-being, and ability to learn. In the best interest of your child's health, we recommend your child receive a periodic physical health examination by your private provider.

To the Private Provider:

Based on the physical examination provided on ____ / ____ / ____, this pupil is capable of carrying a full program of school work and physical education participation. Yes No

Modification in the school setting:

Medications _____

Dietary _____

Special Adaptive Equipment _____

Special Seating _____

Other _____

Health Care Provider's Name (Print)	Health Care Provider's Signature	
Address	Phone	Date:

SUPPLIED BY: Kenosha County Division of Health
Kenosha, WI 53143
(262) 605-6700