

Chav Pab Cuam Me Nyuam thiab Kev Taw Qhia
SHEBOYGAN KOOG TSEV KAWM NTAWV

Daim Ntawv Teev Txog Kuaj Mob (Medical Examination Record)

Tsev Kawm Ntawv _____

** Daim ntawv no yuav tsum xa rov qab mus rau tom tsev kawm ntawv thaum tuaj sau npe kawm ntaw los yog xa tuaj rau thawj lub lim tiam rov tuaj kawm ntawv. **

Niam Txiv/Tus Tswj Fwm Ua Kom Tiav Toom No:

Me Nyuam Npe: _____

Niam Txiv/Tus Tswj Fwm: _____

Chaw Nyob: _____ Xov Tooj: _____

Hnub Yug: _____ Yog Tub los Ntxhais: Tub _____ Ntxhais _____

Puas tau muaj ib tug kws kho qhov muag kuaj koj tus me nyuam lub qhov muag dua li? Tau _____ Tsis Tau _____

Vim li cas thiaj coj mus kuaj thiab kuaj tag zoo li cas? _____

Hnub mus kuaj hniav tas los: _____

**Nco Qab Ntsoov: Pom zoo kom coj mus kuaj hniav & kuaj qhov muag ob qho ua ntej tuaj kawm ntawv. **

Completed by Physician, Nurse Practitioner or Physician's Assistant:

Note to Clinician: This examination must have been completed within the one year period preceding the date of enrollment. The cost of the medical evaluation is the responsibility of the parent, legal guardian or legal custodian of the student.

Medical Conditions, Serious Illnesses or Past Hospitalizations of significance to school personnel (include allergies):

Any physical limitations that indicate the student should restrict or not participate in outdoor play or physical education (Be specific): _____

Is there evidence of or treatment for an emotional or behavioral problem? Yes _____ No _____

List medications the student takes at home or will be taking at school:

Please indicate any school nursing intervention or consultation that is needed:

Date of examination: _____ **Date of Report Completion:** _____

Clinician Signature: _____

Clinician Name and Address (Print): _____

Phone: _____