

VIRGINIA PHYSICAL INSPECTION OF STUDENTS
NOTICE SENT BY TEACHER OR NURSE TO PARENTS

SEX

Name of Student: _____

M F Date _____

Parent or Guardian _____

Address _____

Family Physician _____

You are advised to consult your child's physician and/or dentist.

Our school inspection indicates that special attention may be needed for the items checked below:

Weight
Vision
Hearing
Teeth
Throat

Scoliosis
Posture
Speech
Skin
Other:

Immunization
Diphtheria-Pertussis-
Tetanus (DPT)
Measles
Polio
Rubella (German Measles)
Mumps

When an examination is made, please have the professional examiner insert findings and recommendations on the reverse side of this form for return to the school.

Teacher or Nurse _____

School _____

(OVER)

HEALTH SERVICES

TO: Professional Examiner: Completed form will be given to parent for return to teacher or nurse.

TO: Clinic: Completed form will be returned to teacher or nurse.

Findings and Recommendations:

DEFECT(S): Corrected _____ Being Treated _____

Signed: _____ Professional Degree _____

Date: _____

Teacher/Nurse — Note corrections and recommendations and record on cumulative record.

Va. Department of Health

Va. Department of Education