

*Medical Examinations are required for Kindergarten students and recommended for 6th grade.



Vista Charter School
585 E. Center Street, Ivins, UT 84738
Office: 435-673-4110
Fax: 435-673-9638

SCHOOL PHYSICAL EXAMINATION RECORD

Physician's Signature: _____

Physician's Name: _____

Address: _____

City _____ State _____ Zip _____ Phone: _____

Student Name: _____

Address: _____

City _____ State _____ Zip _____

Phone: _____

Birthdate _____ Weight _____ Height _____

Normal=O Watch=X Medical Attention=X Needs Urgent Attention=XXX

Nutrition: HGB: _____

Ears _____

Skin & Scalp _____

Nose _____

Neck:

Cervical Glands: _____

Throat _____

Thyroid _____

Heart _____

Eyes:

Vision R _____

Lungs _____

Vision L _____

Abdomen _____

Lazy Eye Screen _____

Orthopedic _____

Findings and Recommendations: _____

