



**HOLY ANGELS CATHOLIC  
ELEMENTARY SCHOOL**

230 North 8th Avenue • West Bend, WI 53095  
(262) 338-1148      www.has.pvt.k12.wi.us

**SCHOOL HEALTH EXAMINATION**

NAME OF STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

This person has been given a complete examination, including a review of past medical history, environmental factors and immunizations.

Physical findings of significance to school:

Social or emotional findings significant to school:

Recommendations to school:

Unlimited physical education...  Yes  No, explain:

Immunizations are required for students attending school according to State Statute 140.05 (16)

Examining Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

To be returned to the above school.