



Fronteras Spanish Immersion Charter School,
Centro Académico

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Wasilla, AK 99687-1433

Phone (907) 376-2223
Email: info@fronteras-k8.us
Website: www.fronteras-k8.us

Student _____ D.O.B _____

Parent's Name _____ Address _____

This physical examination is required to be performed by a physician (MD, DO), advanced nurse practitioner (NP) or a physician's assistant (PA). NOTE: This form is NOT to be used for athletic physical examinations)

Examined: _____ Findings: _____
(O = No abnormality, X = Abnormality specify)

Height _____ Weight _____ B/P _____

Eyes _____

Vision:

Ears _____

Both _____ Right _____ Left _____

Nose/Throat _____

Patch _____

Mouth _____

Other _____

Teeth _____

Hearing: Right _____ Left _____

Lymph Nodes _____

Hearth _____

Immunization record attached: Yes _____ No _____

Lungs _____

Exceptions (include documentation)

Abdomen _____

Current Tb (ppd) results required for Kindergarten and students new to Mat-Su School District.

Genitals _____

Orthopedic _____

Nervous system _____

Date: _____

Skin _____

Endocrine _____

Signature of medical professional

Nutrition _____

Other _____

Address/Phone

Comments (attach follow-up sheet as needed):