



# MIGRANT STUDENT PHYSICAL & DENTAL EXAMS

## Refused by Student or Parent | Parent or Provider Reported

**Date:** \_\_\_\_\_  
**School District** \_\_\_\_\_ **Recruiter:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_\_ **Exam Date:** \_\_\_\_\_

**PHYSICAL/DENTAL EXAM STATUS:**  
 Refused by **Student**       Refused by **Parent**  
 **Parent** Reported       **Provider** Reported  
**RESULTS:**  Normal       Abnormal

**DOCTOR or CLINIC:** \_\_\_\_\_  
**Does child have:**     Insurance?     Medical Coupons?  
Comments: \_\_\_\_\_

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**Date of Birth:** \_\_\_\_\_ **Exam Date:** \_\_\_\_\_

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Please return completed form to your migrant records clerk for entry into the MSIS and scheduling of future physical exams. Thank You.