STUDENT PHYSICAL REPORT

Grades PK – 6 only

Oregon Episcopal School

Entering Grade: _____ Date of Birth: _____

Student Name: _____

Parent Name(s): _____

*****************FOR COMPLETION BY HEALTH CARE PROVIDER*****************

TO THE HEALTH CARE PROVIDER: Please complete the front side of this form; the reverse side should be completed by the parent. Thank you.

Date of Examination: _____

Student's: Height _____ Weight _____ Scoliosis Check _____ Blood Pressure _____

REQUIRED: Vision Check ____ Hearing Check ____ **OPTIONAL:** TB Skin Test: Date ____ Results: ____

ONGOING HEALTH CONCERNS: _____

Is this student taking any medication(s) on a regular basis? ❑ YES ❑ NO

If yes, please specify medication(s) and conditions for use: _____

_____

ALLERGIES AND/OR ASTHMA: ❑ YES ❑ NO (Please list type, reaction, and any medications used)

_____

What precautions are required in the school setting? _____

_____

PRIOR HEAD INJURY: ❑ YES (date) _____ ❑ NO ❑ UNKNOWN

Please describe any PHYSICAL OR EMOTIONAL CONCERNS that would affect participation in academics or school activities/School trips (i.e. - anxiety, depression, stress related illness, migraines, eating issues/disorder, etc.)

_____

_____

Name and Address of Health Care Facility: _____

_____

Phone # _____

Signature of Health Care Provider:

_____

Return completed form to the Lower or Middle School office or fax it to 503-768-3140.

Oregon Episcopal School
6300 Southwest Nicol Road, Portland, Oregon USA 97223 Ph. 503-246-7771 Fax 503-768-3140 www.oes.edu

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