



Medical Certificate

Required for all NEW students and returning students entering PK, K, 1st, 3rd, 5th, and 7th grades

DUE JULY 15th, 2020 for the 2020-2021 School Year

For Parents to Complete:

Student's Name _____ Grade for Fall 2020 _____

Age _____ Birthdate ___/___/_____ New student _____ Returning student _____

***Pertinent information may be shared with appropriate personnel in order best care for your student**

Should circumstances change during the school year, please submit a communication in writing to Amy Johns, BSN, RN at ajohns@stjohnsschool.org.

For Physician to Complete:

*****PLEASE ATTACH CURRENT IMMUNIZATION RECORD TO THIS FORM**

PHYSICAL EXAMINATION: Must have been conducted after June 1, 2019

Exam date: ___/___/_____ Height: _____ Weight: _____ BP: ___/___

Vision Screening: R 20/___ L 20/___

If results are with correction, circle one: glasses or contacts

Vision referral made: YES ___ NO ___

Hearing Screening at 25db: Mark pass (P) or fail (F)

R 1000 ___ 2000 ___ 4000 ___

L 1000 ___ 2000 ___ 4000 ___

Hearing referral made: YES ___ NO ___

Does student have a learning difference or psychological concern? YES ___ NO ___

If yes, please explain:

Check the following:	WNL	Abnormal
Skin	_____	_____
Head/Neck	_____	_____
Heart	_____	_____
Mouth/Throat	_____	_____
Eyes/Ears/Nose	_____	_____
Abdomen	_____	_____
Lungs/Chest	_____	_____
GI	_____	_____
Allergy	_____	_____
Joint Function	_____	_____
Extremities	_____	_____
Spinal Screening	_____	_____
Acanthosis Nigricans	_____	_____

Please explain any abnormal findings:

____ I certify that my examination of the above student reveals that he/she is physically able to participate in school activities, including PE (all grades), bicycling (5th grade) and all Middle School Athletics.

____ Exclude from the following activity: _____

____ No participation until ___/___/____

Signature of Physician: _____

Physician printed Name or Stamp: _____