PLEASE RETURN THIS FORM BY AUGUST 1, 2021

Student's name, last, first | Grade | Date of birth | date of examination (after 8/1/20)

Physician's Examination Part 1

Height_____ Weight_____Blood Pressure_____Pulse Rate_____

Please Circle N (normal) or A (abnormal)

N A Eyes _____
Visual Acuity R/_____ L/_____
N A Ears _____
Hearing R/ _____L/ _____
N A Respiratory _____
N A Cardiovascular _____
N A Spine _____
Scoliosis _____

I find this student physically able to participate in physical education class (Kindergarten through 12th grade), strenuous sports, including intramural and interscholastic (4th through 12th grade), subject to limitations or restrictions noted below, for the 2021-2022 school year.

_____
_____
_____

Completion of Immunization Certificate is Required

Physician's Examination Part 2

Please answer each question yes or no. If yes, describe the problem and any medication or treatment required.

Y N Significant health history/physical findings/current conditions_____

_____

Y N Has this student ever received medical attention for head injury or concussion? _____

Y N Are there any restrictions placed on physical activity? _____

Y N Are there any psychological/physical issues which may interfere with performance at school?

_____

Y N Any Medications? _____

Y N Known allergies: food/insect stings/medications? _____

Y N Epi-pen indicated? If yes, complete an allergy action plan and provide school with epi-pen

Y N Asthma? If yes, what medication/treatment is required? _____

Y N Student may self administer inhaler in grades 5 and above _____

Y N Student may self-administer epi-pen in grades 9 and above _____

Physician's signature and date | Physician's printed name | Physician's telephone