



Student Physical Exam

Student Name _____ D.O.B. _____ Sex: M / F
School _____ Grade _____ School Year _____
Parent/Guardian Name(s) _____ Phone# _____
Parent email _____

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____
Vision: R 20/ _____ L 20/ _____ Corrected Y / N Glasses or Contacts? Hearing: Pass / Fail / N/A

Medications prescribed for student: _____

Allergies: type and response required: _____

Health conditions and/or concerns: _____

*Immunization Record Attached _____

*Diabetes Care Plan Attached _____

*Seizure Care Plan Attached _____

*Allergy/Anaphylaxis Action Plan Attached _____

*Asthma Action Plan Attached _____

*Medication Authorization Attached _____

Student **IS** cleared to participate in physical education classes and/or interscholastic sports _____

Student is **NOT** cleared (please explain why) _____

Signature of Medical Provider: _____ Date of Exam: _____

Print Name of Medical Provider: _____ Phone: _____

Clinic Name/Stamp: _____

Physical exams are required for ALL new students (PK/TK-12th grade) as well as current students entering K, 6th and 9th grades. NCHSAA forms will be accepted for 9th grade ONLY. Physical exams must be within 12 months prior to the first day of school.