

2026 – 2027
Physical Evaluation Supplemental Information
for Grades 6-12

EVERY STUDENT MUST HAVE A CURRENT (WITHIN ONE YEAR) PHYSICAL EXAM
THIS FORM MUST BE COMPLETED IN FULL

Student's Name: _____

2026 - 2027 Grade level: _____ Date of Birth: _____

TO BE COMPLETED BY PHYSICIAN:

(A) **Drug Allergies:** _____ **Reaction:** _____

Food Allergies: _____ **Reaction:** _____

Other allergies: _____ **Reaction:** _____

Does the student require EPINEPHRINE? Yes _____ *****need action plan** No _____

*****All students diagnosed with food allergies must have an
Food Allergy Action Plan completed & submitted annually**

(B) List any history of serious/chronic illness (INCLUDING ASTHMA), injury, surgeries or mental health issues.

Does the student have a rescue inhaler? YES _____ *****need action plan** NO _____

*****All students diagnosed with asthma must have an
Asthma Action Plan completed & submitted annually.**

(C) **Current Medications:** _____ **Reason for taking medication:** _____

(D) Student may have the following over the counter drugs with parental consent:
Acetaminophen, Ibuprofen, Naproxen Sodium, Calcium Carbonate (Tums),
Olopatadine HCl (allergy relief eye drops), Hydrocortisone cream & OTC throat/cough drops.
{Dosage age/weight appropriate}

Physician's Signature

Date

*****PLEASE ATTACH AN UPDATED IMMUNIZATION RECORD**