THE PRAIRIE SCHOOL

PLEASE RETURN TO HEALTH OFFICE

Health Office Phone:262.752.2660
Health Office Fax: 262.752.2661

Health Physical Form

Student Name ____________________________ Date of Birth ______/_______/________ Grade _________
M D Y

Are there any medical conditions, past or present of significance to the school: Yes________ No __________
(Cardiovascular, Diabetes, Asthma, ADHD, Dietary Restrictions). If yes, please explain:

Operations or serious injuries of significance to school activities:

Allergies (including food, drug or environmental): Yes__________ No __________
If yes, please explain:

Epinephrine Auto-Injector required: Yes________ No __________
Student is allowed to carry medication: Yes________ No __________

Is there any challenge with vision, hearing or speech for which the school could compensate by preferential seating or other action: Yes_______ No _________

Suggested Action:

Is there any information regarding social and/ or emotional needs that the school should be aware of (Psychological diagnosis, therapy): Yes________ No __________

If yes, please explain:

Please check appropriate statement:
__________ Unlimited physical education activity __________ Limited physical education activity

Significant physical findings and recommendation:

Parent Signature: ____Date: __________________________

Health Care Provider Name: ____

Health Care Provider Signature ___________________________________Date: ___________________________