



Health Office Phone:262.752.2660  
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### Health Physical Form

NOTE: US Athletes require an additional WIAA Preparticipation Physical Evaluation Clearance Form (available on the [Athletics Parent Info](#) page.) Completed WIAA Clearance Form is uploaded during online team sports registration.

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:

\_\_\_\_\_

**BOTH SIGNATURES REQUIRED.**

Parent Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Health Care Provider Signature \_\_\_\_\_ Date signed: \_\_\_\_\_

**Exam Date:** \_\_\_\_\_

Physical examination taken April 1st and thereafter is valid for the following two school years; physical examination taken before April 1st is valid only for the remainder of that school year and the following year.