



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.