

Health Physical Form

NOTE: Upper School Athletes require an additional WIAA Medical Eligibility Form (available on the Athletics Parent Info page.) The fully completed WIAA 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 that requires support in the classroom, such as preferential seating or other action: Yes ___ No ___ Wears glasses/contact lenses (circle one)
Date hearing tested at clinic: _____. Condition that affects hearing? Yes ___ No ___
Suggested Action:

Is there any information regarding social and/or emotional needs that the school should be aware of:
Yes _____ No _____ Daily medication: Yes _____ No _____.
Medication needs at school: Yes _____ No _____, if yes, what time is medication given: _____.

*All prescription medication given at school must have a school prescription form completed annually.
How can we support your child (school counselors, teaching interventions, physician recommendations)

This physical will be used to approve PE for all students and also sports participation Grades 5-8.
_____ Unlimited physical education activity _____ Limited physical education activity

Significant physical findings and recommendations:

BOTH SIGNATURES REQUIRED.

Parent Signature: _____ Date Signed: _____

Health Care Provider Name: _____

Health Care Provider Signature _____ Date signed: _____

Exam Date: _____

This physical will satisfy the school health requirements for two years after the EXAM date.