

Health Physical Form

Student Name _____ Date of Birth ____/____/____ Grade _____

Are there any medical conditions, past or present of significance to the student: 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

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 If yes, please explain: _____ 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 form approves PE & physical activity for ES-12 and 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.

 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.