

**For all new students and for those students entering grades K, 1 or 9.**

School Year: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

To be completed and signed by examiner:

Exam:            Height \_\_\_\_\_ Weight \_\_\_\_\_

                  Vision \_\_\_\_\_ Hearing \_\_\_\_\_

                  Skin \_\_\_\_\_ Orthopedic \_\_\_\_\_

                  Physical Maturity \_\_\_\_\_ Extremities \_\_\_\_\_

                  Respiratory \_\_\_\_\_ Neuro \_\_\_\_\_

Allergies: \_\_\_\_\_  
                  \_\_\_\_\_

Comments on unsatisfactory conditions: \_\_\_\_\_  
                  \_\_\_\_\_

Does this child have any health condition that would make his/her attending this school a risk to  
Other students? \_\_\_\_\_

Does this child have any condition(s) that would be a hazard to him/her in attending this school?  
\_\_\_\_\_  
\_\_\_\_\_

Does this child have special needs or are they receiving special services?

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Additional Comments: \_\_\_\_\_

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I have examined \_\_\_\_\_ and recommend him/her as being physically able to compete in supervised athletic activities.

This student is exempt from the following activities due to health problems:

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Date: \_\_\_\_\_ Examined By: \_\_\_\_\_

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Physician's Office: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Upon completion, this form is to be returned to the school office.

Updated 02/21/2021