

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?

Additional Comments: _____

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:

Date: _____ Examined By: _____

Physician's Office: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

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

Updated 02/21/2021