



Health Form Part I (Medical History)
Completed and Signed by Parent/Guardian

In order for this health form to be valid, it must be dated AFTER June 1, 2016.

Form containing student information (Last Name, First Name, Middle, Date of Birth, Grade, Resident, Day), a table of medical history with columns for YES, NO, and DATE, and a section for parent/guardian signature and date.

Health Form Part II (Physical)
Completed and Signed by Physician

This record is filed with our nurse in the school dispensary.

Form containing physical examination data (Height, Weight, Pulse, B/P, Vision), a table of organ systems (Heart, Lungs, etc.), and a section for physician signature and date.

