



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, 2019.

Form with fields for Student's Last Name, First Name, Middle, Date of Birth, Grade, RESIDENT, DAY. Includes a table for diseases (Allergies, Anemia, etc.) and a section for parent 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 with fields for Height, Weight, Pulse, B/P, Vision, and various physical exam categories (Heart, Lungs, etc.). Includes a section for physician signature and date.