



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 April 1, 2021.

Form with fields for Student's Last Name, First Name, Middle, Date of Birth, Grade, RESIDENT, DAY. Includes a table for diseases with YES/NO/DATE columns. Contains questions about injuries and allergies, and a signature line for the parent/guardian.

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, right 20/, left 20/. Includes a table for physical exam findings (Heart, Lungs, etc.) and a signature line for the physician.