



Health Form (Physical)
Completed and Signed by Physician

Student's Last Name First Name Middle Date of Birth Grade RESIDENT DAY

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

Table with columns: Height, Weight, Pulse, B/P, Vision, right 20/, left 20/. Rows include Heart, Lungs, Back & Extremities, Throat, Lymph glands, Thyroid, Hernia, Hearing, Abdomen, Neurological, Urinalysis: Sp Gr, Alb, Sugar, Micor. Includes 'The following is recommended:' section with Eye refraction, Audiometer test, Recommended Medicines, and Special Care/Comments.

I have conducted a limited physical examination of the student named above and within the scope of this examination have found no obvious reason that this student may not participate in the school athletic program.

Physician's Signature X Date (must be AFTER April 1, 2023) X