



Student _____ Grade entering K ___ 5 ___ 7 ___

Sex M ___ F ___ Date of Birth _____

Parent(s)Guardian _____

Address _____ City _____ Zip Code _____

To be completed by examining physician:

Child's Height _____ Weight _____ Blood Pressure _____

Visual Acuity: Right 20/ _____ Left 20/ _____ With Correction _____ Without Correction _____

Physical findings significant to the school:

Classification physical activities:

_____ Unrestricted activity for child

_____ Moderate restriction (specify including duration):

_____ Restricted...Indicate type and duration on reverse side of form or include specifications attachments.

Other recommendations or comments:

Physician's name (print) _____ Phone _____

Address _____ City/Zip Code _____

Physician's signature _____ Date _____