



Health Status Form

Student Name:	M/F:
Birthdate:	Grade:
School:	Phone #:
Parent/ Guardian:	

To Parents:

A health examination by your family physician is important to your child's welfare and to the school in adapting its program to individual needs. Please have your child examined before entering school and periodically thereafter according to the recommendations of your child's physician and the school system. Please complete this section and have your physician complete the remainder.

- List any significant medical or current health problems of family members that might affect the health or school performance of this child:
-
- Would you consent to exchange of information between school nurse and your physician regarding this student's health status? If so, please sign here:
-

To Be Completed by Physician:

Date of Exam:	Ht.	Wt.	BP:	Hgb:	Vision:
---------------	-----	-----	-----	------	---------

	Yes:	No:	Comments:
1. Is there any significant health history i.e. chronic illness, surgeries, injuries etc?			
2. Is there any Impairment of hearing, vision or speech?			
3. Is the student subject to any condition which may result in classroom emergency i.e. diabetes, asthma, allergies, epilepsy, etc?			
4. Is there emotional, mental, or physical condition for which this student should remain under periodic medical observation?			
5. Is there any medication or treatment prescribed for this student?			
6. Is there any deficiency in immunizations? List any given today:			
7. Is this student subject to any conditions which limit participation in the school day?			
8. Does this student have any restrictions for physical education classes or competitive athletics?			
9. Did you recommend a referral or further evaluation?			

Physician Printed Name:	Physician Signature:
-------------------------	----------------------

For athletics this report should be completed by a licensed physician and surgeon, osteopathic physician and surgeon, osteopath, qualified doctor of chiropractic, or advanced registered nurse practitioner.