

**ST. ALPHONSUS SCHOOL
STUDENT HEALTH EXAMINATION FORM**

Note: The Archdiocese of Milwaukee Athletic Physical Form (6145.2C) is a separate form available from your child's school.

Part I (To be completed by parents before seeing health care provider)

Name of Student _____ Date of Birth _____

Address _____

School _____ Grade _____

Significant family history _____

Significant personal history of student (operations, injuries, illness) _____

Part II (To be completed by health care professional)

Height _____ Weight _____ Blood Pressure _____

Vision _____ Scoliosis screening (5th and/or 9th grade) _____

Physical findings of significance to the school _____

Classification for physical education activity:

_____ Unlimited Activity

_____ Modified To what extent _____ ending date _____

_____ Restricted To what extent _____ ending date _____

Other recommendations or comments _____

Medications _____

Signature of Health Care Provider

Date

Parents, please return this form to your child's school.