

**PHYSICIAN CERTIFICATE OF EXAMINATION FORM**  
(TO BE COMPLETED BY CHILD'S PHYSICIAN)

Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies: \_\_\_\_\_

**Current Medications:** (list name, dosage, and time)

1. _____	Dosage _____	Time _____
2. _____	Dosage _____	Time _____
3. _____	Dosage _____	Time _____

Height: \_\_\_\_\_

Weight: \_\_\_\_\_ B/P \_\_\_\_\_

Eyes: \_\_\_\_\_

Ears: \_\_\_\_\_

Nose: \_\_\_\_\_

Throat \_\_\_\_\_

Chest: \_\_\_\_\_

Heart: \_\_\_\_\_

Hernia: \_\_\_\_\_

Extremities: \_\_\_\_\_

Posture/Scoliosis: \_\_\_\_\_

Lead level (if indicated) \_\_\_\_\_

Sickle Cell (if indicated) \_\_\_\_\_

Hemoglobin (if indicated) \_\_\_\_\_

Hematocrit (if indicated) \_\_\_\_\_

Urinalysis (if indicated) \_\_\_\_\_

**Tuberculin test:** (if indicated)

Type of test: \_\_\_\_\_

Date: \_\_\_\_\_

Results: \_\_\_\_\_

Is this student physically fit to participate in all physical education programs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain: \_\_\_\_\_

\_\_\_\_\_

Please list any condition that should be considered in planning this child's school day:

\_\_\_\_\_

\_\_\_\_\_

**CONTINUED ON REVERSE**

**Please list any of the following with the month/year:**

Operations: \_\_\_\_\_

Severe  
Illnesses: \_\_\_\_\_

Severe Injuries: (Head injury, fractures, etc.) \_\_\_\_\_

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment?

Please list any condition that should be considered in planning your child's school day: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date