

# Physical Examination Form for School

## Student Information

- Student Name: \_\_\_\_\_
- Grade: \_\_\_\_\_
- School: \_\_\_\_\_

## Health Overview

- Height/Weight: \_\_\_\_\_
- Allergies: \_\_\_\_\_
- Immunizations Up-to-Date: Yes [ ] No [ ]

## School Health Assessment

- Physical Activity: \_\_\_\_\_
- Nutrition: \_\_\_\_\_

## Table: Medical Visit Log

Date	Reason	Outcome	Notes


**Authorization**

- **Parent/Guardian Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_