# School Physical Form

**Student Information**

- **Name: ___________________________________________**
- **Grade: ___________________________________________**
- **School Name: _______________________________________**
- **Parent/Guardian Contact: _____________________________**
- **Address: ___________________________________________**

**Health History**

- **Vaccination Status: Up to date [ ] Yes [ ] No**
- **Vision problems: [ ] Yes [ ] No**
- **Hearing problems: [ ] Yes [ ] No**
- **Allergies: __________________________________________**
- **Special dietary needs: _______________________________**

**Health Assessment by Nurse/Doctor**

| Exam Area | Normal | Abnormal | Notes |
|---|---|---|---|
| Vision | [ ] | [ ] | ______________________ |
| Hearing | [ ] | [ ] | ______________________ |
| Posture | [ ] | [ ] | ______________________ |
| Skin & Hair | [ ] | [ ] | ______________________ |

**Recommendations for Follow-Up**

- **Further tests required: [ ] Yes [ ] No**
- **Referral to specialist: ________________________________**

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- **Signature of Health Professional: ______________________**

**Parent/Guardian Authorization**

**I confirm that all information provided is accurate.**

**Signature: ______________________ Date: ____________**

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