



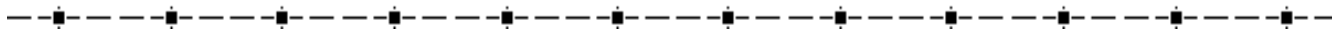
2010-2011 Elm Grove Ev. Lutheran School Student Physical Examination Form

Student _____ Grade entering K ___ 5 ___ 7 ___

Sex M ___ F ___ Date of Birth _____

Parent(s) Guardian _____

Address _____ City _____ Zip Code _____



To be completed by examining physician:

Height _____ Weight _____ Blood Pressure _____

Visual Acuity: Right 20/ _____ Left 20/ _____ With Correction _____ Without Correction _____

Physical findings significant to the school:

Classification physical activities:

_____ Unrestricted activity

_____ Moderate restriction (specify including duration):

_____ Definitely restricted...Indicate type and duration on reverse side.

Other recommendations or comments:

Physician's name (print) _____ Phone _____

Address _____ City/Zip Code _____

Physician's signature _____ Date _____