



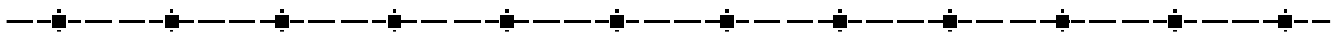
# 2008-2009 Elm Grove Ev. Lutheran School Student Physical Examination Form

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:**

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**Classification physical activities:**

\_\_\_\_\_ Unrestricted activity

\_\_\_\_\_ Moderate restriction (specify including duration):

\_\_\_\_\_ Definitely restricted...Indicate type and duration on reverse side.

**Other recommendations or comments:**

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Physician's name (print) \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_