

**Waterford Graded School District**  
**Student Health Examination**  
**Revised 10.10.07**

<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Last)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(First)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Middle)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Grade)</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Street Address)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(City &amp; State)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Zip)</div>	

Date of this health examination	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Month) (Day) (Year)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Height)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <div>(Weight)</div>
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Summary of Abnormal Findings	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
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Check a classification for physical activity below:

Full Program of School Activities (no limitations)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Modified School Program (provide details below)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Homebound Instruction (provide details below)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>
Special School Placement (provide details below)	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/>

Details should be provided for any item marked. 

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Does student have any allergies? ☐ Yes ☐ No

Explain 

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Does student take any medications? ☐ Yes ☐ No

Explain 

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**NOTE:** Any medications that need to be taken during the school day require a ***separate*** medication authorization form.

Does student use an inhaler? ☐ Yes ☐ No

Explain 

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Does student use an epi-pen? ☐ Yes ☐ No

Explain 

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Are there any sports or extra-curricular activities in which this student cannot participate?

☐ Yes ☐ No

If the answer is "yes," specify the sports or school activities in which this student cannot participate.

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If student is restricted or disqualified from sports or extra-curricular activities, please indicate reason(s).

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Examination Site 

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(Signature of Physician)

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(Date)

NOTE: Please return this form to school after examination is completed. **Exams performed after June 15<sup>th</sup> of the student's 6<sup>th</sup> grade year will be considered current for the 2 years of extra curricular activities while the student attends Fox River Middle School.**