



HEALTH EXAMINATION TO BE COMPLETED BY PHYSICIAN

The International School of Minnesota requires documentation of a health examination yearly for grades PS-KG, for all new students and thereafter every three years. Please submit a copy of the physical examination, or have your physician complete this form. **All documentation must be English and dated within the past three years.**

Student Name _____ DOB _____ Grade _____

Parents/Guardians _____

Allergies _____

Is a modified diet necessary? _____ If yes, explain _____

What is the status of the child's: vision _____ hearing _____ speech _____

Significant findings which may require special attention at school: _____

Is there a condition present which may limit participation in:

- | | |
|--------------------------------|-----------------------|
| 1. Classroom activities? _____ | If yes, explain _____ |
| 2. Physical education? _____ | If yes, explain _____ |
| 3. Competitive sports? _____ | If yes, explain _____ |

Is the student physically qualified and cleared to participate in Minnesota State High School League sports (grades 7-12)? _____

If no, explain _____

Medications – please list: _____

Will student need medication during the school day? Yes _____ No _____

- Medication must be administered by school personnel, be in the original container and accompanied by an Administration of Medication Permission form (available from receptionist or health office).

Comments: _____

Physician's Name (print or type)

Physician's Signature

Clinic Name

Telephone

Clinic Address

Date of Exam