

HEALTH PHYSICAL FORM

This form must have a parental or guardian signature before the physical will be given.

Part 1: To be completed by the parent or guardian

Student Name: _____ Grade: _____

Name of Insurance Carrier: _____

Address of Insurance Carrier: _____

Policy Number: _____

Secondary Insurance Carrier: _____

Address: _____

Policy Number: _____

Yes, I give my child permission to receive this physical.

Signature: _____ Date: _____

Part 2: To be completed by the doctor

Weight: _____ Height: _____ Blood Pressure: _____

Lungs: _____ Comments: _____

Heart: _____

Abdomen: _____

Extremities: _____

Doctor's Signature: _____

Date: _____