

North Cape School District Student Health Examination

_____ (Last) _____ (First) _____ (Middle) _____ (Grade)

_____ (Street Address) _____ (City & State) _____ (Zip)

Date of this health examination _____ (Month) (Day) (Year) _____ (Height) _____ (Weight)

Summary of Abnormal Findings _____

Check a classification for physical activity below:

- Full Program of School Activities (no limitations) _____
- Modified School Program (provide details below) _____
- Home-Bound Instruction (provide details below) _____
- Special School Placement (provide details below) _____

Details should be provided for any item marked. _____

Does student have any allergies? _____ Yes _____ No
Explain _____

Does student take any medications? _____ Yes _____ No
Explain _____

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 _____

NOTE: Any inhalers that need to be at school require a **separate** medication authorization form.

Does student use an Epi-Pen? _____ Yes _____ No
Explain _____

NOTE: Any Epi-pens at school require a **separate** medication authorization form and allergy action plan form.

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. _____

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

Examination Site _____

_____ (Signature of Physician) _____ (Date)

NOTE: Please return this form to school after examination is completed. (revised 01/16)

This examination is not required by the school district. It is recommended and voluntary. There is no penalty for non-compliance.