

AQUINAS HIGH SCHOOL PHYSICAL EXAMINATION FORM

Student's Name _____ Grade _____
 Parents/Guardians _____ Telephone _____
 Address _____

Please Circle One	If Yes Describe
Is there any defect of Vision Yes No Hearing Yes No Speech Yes No that requires special seating or other action by the school.	
Is this student subject to any condition that limits Classroom Activity Yes No Homework Yes No Physical Education Yes No Competitive Athletics Yes No	
Is this student subject to any condition that may result in a classroom emergency, such as diabetes, seizures, etc.? Yes No	
Is there any suspected physical, mental or emotional condition for which this student might need Periodic Medical Care Yes No Occupational Therapy Yes No Physical Therapy Yes No Special Education Yes No	
Does this student exhibit any abnormality of Growth Yes No Nutrition Yes No Maturation Yes No	
Physical Education Classification Unrestricted I Adaptive II Restrictive III	
Are immunizations Current Yes No Mantoux Test (optional) Date _____	Please complete additional Vaccination Form

Signature of Physician _____ Date _____
 Printed Name of Physician _____