

AQUINAS CATHOLIC SCHOOLS
Aquinas Middle School
Physical Examination Form
2019-2020 School year
(Physicals must be completed after April 1, 2019.)

Student's Name: _____ Grade: 7th 8th

Parent/Guardian: _____

Address: _____

Is there any defect in any areas listed below that requires special seating or other action by the school?

Vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, describe with recommendations for school personnel: _____

Is this pupil subject to any condition that limits:

Classroom activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Homework?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Physical Education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Competitive athletics?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain: _____

Is this pupil subject to any condition that may result in a classroom emergency, such as diabetes, seizures, etc.?

Yes No

If yes, please explain: _____

Is there any suspected physical, mental, or emotional condition for which this pupil might need:

- | | | |
|------------------------|------------------------------|-----------------------------|
| Periodic medical care? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Occupational therapy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Physical therapy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Special education? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

Does this pupil exhibit any abnormality of:

- | | | |
|-------------|------------------------------|-----------------------------|
| Growth? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Nutrition? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maturation? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please explain: _____

Physical Education Classification:

- | | |
|--------------|------------------------------|
| Unrestricted | <input type="checkbox"/> I |
| Adaptive | <input type="checkbox"/> II |
| Restricted | <input type="checkbox"/> III |

Are immunizations current? Yes No

Signature of Physician: _____

Printed/typed name of Physician: _____

Date: _____