

2021 – 2022
Physical Evaluation Supplemental Information
for Grades 6-12

EVERY STUDENT MUST HAVE A CURRENT (WITHIN ONE YEAR) PHYSICAL EXAM
THIS FORM MUST BE COMPLETED IN FULL

Student's Name: _____

2021-2022 Grade level: _____

Date of Birth: _____

TO BE COMPLETED BY PHYSICIAN:

(A) **Drug Allergies:** _____ **Reaction:** _____

Food Allergies: _____ **Reaction:** _____

Other allergies: _____ **Reaction:** _____

Does the student require an EPIPEN? Yes _____ No _____

*****All students diagnosed with severe allergies must have an Allergy Action Plan completed annually**

(B) List any history of serious/chronic illness (INCLUDING ASTHMA), injury, surgeries or mental health issues.

Does the student have an inhaler? YES _____ NO _____

All students diagnosed with asthma must have an Asthma Action Plan completed annually.

(C) Current Medications:

Reason for taking medication:

(D) Student may have the following over the counter drugs with parental consent:

Acetaminophen, Ibuprofen, Naproxen Sodium, Calcium Carbonate (Tums),
NaphconA (allergy relief eye drops), antibacterial ointment, Hydrocortisone cream & OTC throat/cough drops.
{Dosage age/weight appropriate}

Physician's Signature

Date

*****PLEASE ATTACH AN UPDATED IMMUNIZATION RECORD**