

St. John's Lutheran School
West Bend WI

STUDENT PHYSICAL EXAMINATION FORM

(Must be on file with Athletic Director BEFORE Competition)
Recommended for New Students

TO BE COMPLETED BY PARENT

Student Name _____

Address _____

Age _____ Grade _____

PHYSICAL EXAM

TO BE COMPLETED BY PHYSICIAN

Check here to indicate this student has been given a complete examination, including a review of past medical history, environmental factors and immunizations. _____

Social or emotional findings of significance to school:

Physical findings of significance to school and recommendations:

Unlimited Physical Education ___ Yes ___ No
Explain:

Immunizations are required of all students attending school according to the WI Statute 252.04. Is this student current with all required immunizations? ___ Yes ___ No

ATHLETIC EXAM

The above named student has been examined and there are no apparent contra-indications to participate in interscholastic athletic activities except as follows: (PHYSICIANS NOTE- Please refer to the Guide for Athletic Disqualifications.)

Sports or school activities in which this student cannot participate: (If none, write "NONE")

If student is restricted or disqualified, please indicate reason(s)

RETURN TO:

St. John's Lutheran school
899 South 6th Ave.
West Bend WI 53095

Examining Physician Date

Address

OR Fax to 262-334-3591