

School Physical Medical Form Sample for Students

A **School physical medical form** sample for students ensures accurate documentation of health status before participation in school activities. This form helps schools maintain comprehensive health records for safety and emergency preparedness. Proper completion of the form supports student well-being and compliance with school health policies.

Student Information

Full Name:

Date of Birth:

Grade:

School Year:

Parent/Guardian Information

Parent/Guardian Name:

Phone Number:

Email:

Emergency Contact

Contact Name:

Relationship:

Phone Number:

Medical Information

Primary Care Physician:

Physician Phone:

Date of Last Physical Exam:

Allergies (please list):

// List allergies here

Current Medications:

// List medications here

Medical Conditions/Chronic Illnesses:

// List conditions here

Immunization Record

Immunizations up-to-date?

Yes

If no, please explain:

Physical Examination

Height:

Weight:

Blood Pressure:

Vision (L/R):

Hearing (L/R):

Special Restrictions or Activity Limitations:

Physician's Signature:

Date:

Parent/Guardian Signature:

Date:

Submit