

Attachment HA 1: Physical Exam for Re-enrollment to HA



Physical Exam for Re-enrollment to Housatonic Academy

Name of student: _____ Date of Birth: _____

Significant Past Health History: _____

Allergies: _____

*** For Significant allergies or Asthma please attach explanation of reaction and treatment plan. Also attach Prescription Medication Consent for EpiPen or Inhalers for school use.**

Physical Exam Date: _____

Wt: _____ Ht: _____ BMI: _____ Bp: _____

Circle exam results:

Scoliosis: Passed/following/referred Explanation: _____

Vision: Passed/following/referred Explanation: _____

Hearing: Passed/following/referred Explanation: _____

- Entire Physical Exam was Normal.
- The following was found to be abnormal during Exam:

Current Medications:

Recent:

- Lead: _____
- PPD date: _____ Result: _____
TB risk +/- date: _____

This student may fully participate in school programs without restrictions.

This student has the following restrictions for program participation at school:

Signature of physician/PA/NP Date

*** Please Attach a Copy of Immunization Record***