

AFTON SCHOOL DISTRICT
Health Examination/Sports Participation
New Students * Students entering Kindergarten, 4th, 7th, and 10th grades * Sports Participation
Please return this completed form to the school nurse

NAME: _____ DOB: _____ SCHOOL: _____

ADDRESS: _____ PHONE: _____ GRADE: _____

DPT/DTAP 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Tdap _____ 2. _____

OPV/IPV 1. _____ 2. _____ 3. _____ 4. _____ 5. _____

VARIVAX 1. _____ 2. _____ DISEASE _____

MMR 1. _____ 2. _____

HEP B 1. _____ 2. _____ 3. _____

HEP A 1. _____ 2. _____

HIB 1. _____ 2. _____ 3. _____ 4. _____

MEN 1. _____ 2. _____

HPV 1. _____ 2. _____ 3. _____

HEALTH HISTORY: (mo/yr)

ALLERGIES/ASTHMA _____ DIABETES _____ SEIZURES _____ CARDIAC _____
ORTHOPEDIC _____ GLASSES/CONTACTS _____ HEARING _____ OTHER _____

SURGERIES: _____

FOOD/MEDICATION ALLERGIES: _____

SPECIAL MEDICAL CONDITIONS: _____

MEDICATIONS: _____

HEIGHT: _____ WEIGHT: _____ BP: _____ VISION: _____ AUDIO: _____

THE ABOVE PATIENT WAS EXAMINED ON _____ AND WAS FOUND TO BE
IN GOOD PHYSICAL CONDITION. HE/SHE MAY PARTICIPATE IN INTERSCHOLASTIC
ATHLETICS, INTRAMURAL AND PHYSICAL ACTIVITIES.

NAME OF EXAMINER: (PRINTED) _____ ADDRESS: _____

SIGNATURE OF EXAMINER: _____ PHONE: _____

DATE: _____