

**NHSBA APPENDIX
JLCA-R**

FAMILY PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

Name _____ Birth Date _____
School _____
Grade _____

PHYSICAL EXAMINATION (To be completed by licensed health care provider. Other forms may be used at the discretion of the school nurse)

DATE: _____

Height _____ Weight _____

Remarks or special instructions: Previous Diseases and Operations:

Is this child capable of carrying a full program of school work including gymnastics and athletics? Yes _____ No _____

Must the school program be modified to meet the needs of this child?

Yes _____ No _____

By restriction of use of stairs: Yes ___ No ___

By special seating accommodations? Yes ___ No ___

Other (specify) Yes _____ No _____

Completed immunizations: Yes ___ No ___ If no, please explain _____

Date of examination

Examining Health Care Provider

*See Policy JLCA
Approved 10/15/2020*

