2019-2020 School Year

MMS PHYSICIANS REPORT

(To be completed by physician and returned to parent/guardian of student)

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Note: Children's physical examination shall be dated NOT MORE THAN 6 MONTHS PRIOR TO and NOT LATER THAN 3 MONTHS AFTER admission.

Children UNDER 5 YEARS OF AGE shall be given a physical exam by a licensed physician EVERY YEAR after admission to MMS. Children OVER 5 YEARS OF AGE shall be given a physical exam by a licensed physician AT LEAST EVERY 2 YEARS.

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Is this student currently taking any medications? _____ Yes _____ No
If yes, list all with dosage requirements _____

_____

Are there any medical conditions, past or present of significance to the school? ___ Yes ___ No
(i.e., cardiovascular, diabetes, asthma, epilepsy, allergies, dietary restrictions)
If yes, explain _____

_____

Please check appropriate statement. ***I approve this child for:***
_____ Unlimited physical activity _____ Limited physical activity
Comments _____

_____

Is there any defect of vision, hearing or speech for which the school could compensate by proper seating, medication or other action? _____Yes _____No
If yes, explain _____

_____

List any significant physical findings and recommendations: _____

_____

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I CERTIFY THAT I HAVE EXAMINED THIS CHILD ON THIS DATE:

* _____ _____
Child's Name – ***Please print clearly*** Date of Birth

* _____ _____
Signature of Physician Date of Exam

_____ _____
PRINT Name of Physician Office Phone Number

_____
Physician's Office Address

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In a medical emergency, we hereby authorize the school to seek emergency medical assistance for our child(ren) if we cannot be reached.

***Mother/guardian signature _____Date _____**

***Father/guardian signature _____Date _____**

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