

MMS PHYSICIANS REPORT

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

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.

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:

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

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