

**Waterford Graded School District  
Student Health Examination**

<hr/> (Last)	<hr/> (First)	<hr/> (Middle)	<hr/> (Grade)
<hr/> (Street Address)	<hr/> (City & State)	<hr/> (Zip)	
Date of this health examination	<hr/> (Month) (Day) (Year)	<hr/> (Height)	<hr/> (Weight)
<hr/> Summary of Abnormal Findings			

Check a classification for physical activity below:

Full Program of School Activities (no limitations)	<hr/>
Modified School Program (provide details below)	<hr/>
Home-Bound Instruction (provide details below)	<hr/>
Special School Placement (provide details below)	<hr/>

Details should be provided for any item marked. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does student have any allergies?     Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

Does student take any medications?     Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

**NOTE:** Any medications that need to be taken during the school day require a **separate** medication authorization form.

Does student use an inhaler?     Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

Does student use an epi-pen?     Yes     No

Explain \_\_\_\_\_  
\_\_\_\_\_

Are there any sports or extra-curricular activities in which this student cannot participate?  
 Yes     No

If the answer is "yes," specify the sports or school activities in which this student cannot participate.  
\_\_\_\_\_

If student is restricted or disqualified from sports or extra-curricular activities, please indicate reason(s).  
\_\_\_\_\_  
\_\_\_\_\_

Examination Site \_\_\_\_\_

<hr/> (Signature of Physician)	<hr/> (Date)
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