



## SCHOOL PHYSICAL FORM

Students **entering Trinity Lutheran School for the first time** are required to have a physical examination. It is mandatory that each student participating in an interscholastic sport have a physical examination in the **5<sup>th</sup> and 7<sup>th</sup> grade**.

### **TO BE COMPLETED BY PARENT:**

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Medical History** (indicate year of illness when applicable)

Physical handicaps _____	Rheumatic Fever _____
Heart condition _____	Mumps _____
Seizures _____	Measles _____
Allergies _____	Chicken pox _____
Diabetes _____	Whooping cough _____
Operations _____	Other illness _____

### **TO BE COMPLETED BY PHYSICIAN:**

\_\_\_ yes \_\_\_ no      The student has been given a complete examination, including a review of immunizations. Date: \_\_\_\_\_

\_\_\_ yes \_\_\_ no      Is this student current with all required immunizations? If no, please indicate \_\_\_\_\_

\_\_\_ yes \_\_\_ no      Is the student on medication? If yes, please indicate medication and dosage \_\_\_\_\_

\_\_\_ yes \_\_\_ no      Are there any findings or health conditions that would be significant to the school? If yes, please indicate \_\_\_\_\_

\_\_\_ yes \_\_\_ no      Physical education restrictions? If yes, please indicate \_\_\_\_\_

**PHYSICIAN'S SIGNATURE** \_\_\_\_\_

**CLINIC/OFFICE ADDRESS** \_\_\_\_\_  
\_\_\_\_\_ **DATE** \_\_\_\_\_

### **COMPLETE AND RETURN TO:**

***A Passion for Learning. A Heart for Christ.***

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