

Faith Christian School

Box 1230 Williams Bay, WI 53191 (262) 245-9404

Student Physical Report

To be filled out by family physician - please return form to school office.

Student Name _____ Date _____

D.O.B. _____ Height _____ Weight _____

Eyes Right _____ Left _____
Vision Right _____ Left _____
Ears Right _____ Left _____

Allergies (list) _____

Nose _____

Mouth and Throat _____

Neck _____

Lymph Glands _____

Heart _____

Lungs _____

Abdomen _____

Hernia _____

Skin _____ Scalp _____

Urine _____ Sugar _____ Albumin _____

Hemoglobin _____ Hematocrit _____

Posture _____

Neuro-Muscular _____

Emotional Stability _____

Summary of Defects _____

Remarks and Recommendations _____

Any Limitation of Activities _____

Is Student on Medication? _____

If "Yes", list kind and dosage _____

Physician's Signature _____ Phone Number _____

Date _____