



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 medication name/dosage _____

Physician's Signature

Phone Number

Date