



Carondelet High School

Student ID # _____

Because of physical education and state requirements, Carondelet High School requires a physical examination within the last 12 months for all incoming students. For the Interscholastic Sports Program, physicals are good for one year from the date of the examination.

(To Be Completed By Parent)

Student Name _____ Birthdate _____
First Middle Initial Last

Address _____ Phone _____
No. and Street City Zip

(To Be Completed By Physician)

1. Date of current health review and examination _____
Month Day Year

- a. Height _____ Weight _____
- b. () Blood Pressure () Vision () Hearing () Urine
- c. MMR Booster: _____
- d. Varicella: _____
- e. Tuberculin Test: _____ Results _____
- f. Date of last Tetanus: _____
- g. Hepatitis B: 1st _____ 2nd _____ 3rd _____
- h. College Prep: Meningococcal _____

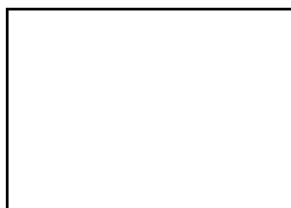
2. Current significant problems of health or development:

3. Current medications:

4. Allergy to specific food, drug or insect sting:

5. As of my last examination, except as noted below, this patient was in satisfactory health for full participation in
() Usual school activities, including physical education () All age appropriate competitive sports
() Summer Camp () Other activity

6. Exceptions and restrictions:



Signature _____ M.D.

Type/Print: _____ M.D.

Date: _____ Telephone: _____

Doctor's Stamp Required

Rev. 04/03