



TO PHYSICIANS: This Unified Health Appraisal form may be used for reporting any or all of the following: (1) Physical Examination (2) Activity Restrictions (3) Medications to be taken at school (4) Recommended remedial or follow-up services (5) Athletic camp or other examinations.

TO THE SCHOOL: This Unified Health Appraisal form and Immunization record should become a permanent part of each student's cumulative record folder. A copy should be made and sent to the new school whenever a student transfers.

Name _____ Date of Birth _____ Sex F M

Parent(s) or Guardian _____

Address _____

Phone _____ Emergency Phone _____

Visual Acuity: Right 20/____ Left 20/____ With Correction____ Without Correction____

The above name patient was examined on (Date) _____ and found to

- Be free of illness or conditions, which would interfere with **Scholastic** performance.
- Be free of illness or conditions, which would interfere with **Athletic** participation.
- Have the following **Medical Conditions**:

1. _____ 2. _____

The following **Restrictions** should be placed on **Activity**: None See Below

1. _____ 2. _____

Restrictions are to be enforced until (Date) _____

Please complete the separate Medication Administration Form for medications to be taken at school.

Other recommendations: None See Below

1. _____ 2. _____

Physician's Name _____ Phone _____

Address _____

Physician's Signature _____ Date _____