

THE FORUM SCHOOL

107 WYCKOFF AVENUE

WALDWICK, NEW JERSEY 07463

(201) 444-5882

FAX: (201) 444-4003

ANNUAL STUDENT PHYSICAL APPRAISAL

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

HT \_\_\_\_\_ WT \_\_\_\_\_ BP \_\_\_\_\_

Recent weight gain/loss Y/N Explain \_\_\_\_\_

1. Recent or current health problems that may affect the pupil's education.

2. Does the pupil have any communicable illnesses or high risk for developing a communicable illness?

3. Is the pupil currently being treated for any illness or health condition? If "Yes" please explain.

4. Indicate any significant findings.

5. May pupil participate in physical education program? (Indicate any restrictions)

6. Scoliosis exam. WNL \_\_\_\_\_ Deviation \_\_\_\_\_ X-ray \_\_\_\_\_

7. Hearing Test Results: R \_\_\_\_\_ L \_\_\_\_\_

8. Vision Test Results: R \_\_\_\_\_ L \_\_\_\_\_

9. Recent immunizations given. Please provide documentation.

10. Current Allergies \_\_\_\_\_

11. Current Medications \_\_\_\_\_

12. Dietary Restrictions \_\_\_\_\_

13. Comments and/or recommendations:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Physician / Health Care Provider

\_\_\_\_\_  
Date