

Emerson Waldorf High School

6211 New Jericho Road, Chapel Hill, NC 27516-8171

Phone: 919-932-1195 Fax: 919-967-2732

School Physical Form

This section must be completed yearly for sports participation.

PATIENT'S NAME _____

BIRTH DATE _____

The above patient is well and free of contagious disease EXCEPT for:

Weight: _____ Height: _____ Blood Pressure: _____

Urinalysis: _____ Allergies: _____

Audio: _____ Vision: L20/ _____ R20/ _____

Date of last tetanus booster: _____

Date of last TB test: _____

Immunizations received this visit: _____

Special needs and concerns: _____

I find no contradiction to her/his participations in (name of sport) _____

Comments: _____

Date of exam: _____

Signature of licensed physician: _____

Physician's name printed: _____

Phone#: _____