



Medical Examination Form

This form has to be completed by the Physician every school year.

Student's Name	Date of Birth
Parent's/Guardian's Name	Telephone Number
Address	

I have examined the above named child and obtained a medical history. The following medical findings were noted:

Hearing	
Visual	
Other	

- There were no apparent medical findings which restrict participation in routine school activities.
- The following is a list of medical finds, activities that should be restricted, and length of restriction:

Medical Findings	Restricted Activities	Restriction End Date

	Physician's Signature		Date
Address			
Office Phone No.		License No.	

I, _____ (Parent/Guardian) of _____ (Student), authorize the above signing Physician to give this information to American School.

Parent's Signature	Date
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