DIOCESE OF CHARLOTTE
CATHOLIC SCHOOLS

Student Physical Exam

Student Name _____ **D.O.B.** _____ **Sex: M / F**

School _____ **Grade** _____ **School Year** _____

Parent/Guardian Name(s) _____ **Phone#** _____

Parent email _____

Height: _____ **Weight:** _____ **Blood Pressure:** _____ **Pulse:** _____

Vision: R 20/_____ L 20/ _____ Corrected Y / N Glasses or Contacts? Hearing: Pass / Fail / N/A

Medications prescribed for student: _____

_____

Allergies: type and response required: _____

_____

Health conditions and/or concerns: _____

_____

_____

***Immunization Record Attached _____**
***Diabetes Care Plan Attached ____**
***Seizure Care Plan Attached _____**
***Allergy/Anaphylaxis Action Plan Attached _____**
***Asthma Action Plan Attached _____**
***Medication Authorization Attached _____**

Student **IS** cleared to participate in physical education classes and/or interscholastic sports _____

Student is **NOT** cleared (please explain why) _____

Signature of Medical Provider: _____ Date of Exam: _____

Print Name of Medical Provider: _____ Phone: _____

Clinic Name/Stamp: _____

Physical exams are required for ALL new students (PK/TK-12th grade) as well as current students entering K, 6th and 9th grades. NCHSAA forms will be accepted for 9th grade ONLY. Physical exams must be within 12 months prior to the first day of school.