



**Saint Ignatius High School Freshman/Transfer PHYSICAL EXAMINATION FORM**

**Only this form is accepted and is REQUIRED for ALL freshmen & transfer students.**

**Must include an up-to-date IMMUNIZATION RECORD**

**This form is NOT the OHSAA Physical Form - That form can be found on FinalForms and must be completed and turned into the ATHLETICS Department if your son is participating in Athletics.**

**\*PLEASE READ BEFORE YOUR APPOINTMENT\***

If your student has any of the health concerns indicated below with a \*, please print the **additional medical forms** in advance and have the healthcare provider complete and sign. These medical forms are found at [www.ignatius.edu/school-nurse](http://www.ignatius.edu/school-nurse).

Student Name: \_\_\_\_\_ DOB: / / \_\_\_\_\_ ID#: \_\_\_\_\_  
(last, first, middle initial)

Ht. Wt. \_\_\_\_\_ BMI% \_\_\_\_\_ Intervention \_\_\_\_\_ B/P \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_

Vision: L \_\_\_\_\_ R \_\_\_\_\_ referred \_\_\_\_\_ Hearing: L \_\_\_\_\_ R \_\_\_\_\_ referred \_\_\_\_\_

<b>System</b>	<b>Findings: Normal / Abnormal + Explanation</b>
Gross dental(teeth -gums)	
Head/scalp/skin	
Eyes/Ears/Nose/Throat	
Chest/Lungs/Heart	
Abdomen	
GI, hernia	
Musculoskeletal, scoliosis	
Neurological	

\* This student has **additional history/medical concerns\***, e.g. chronic/major illnesses, hospitalization, surgeries, allergies, or a condition that requires medication during school hours.\* Please explain:

\_\_\_\_\_

\* This student has a **health condition that may require emergency action at school\***, e.g. seizures, serious allergies, asthma, diabetes. Please submit action plan found <https://www.ignatius.edu/school-nurse> to school nurse\* Please explain:

\_\_\_\_\_



# SAINT IGNATIUS

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\* This student requires **medication at school**. \* Please list medications:

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❖ **Please check one:**

\_\_\_\_ This student may participate fully in all school activities including physical education.

\_\_\_\_ This student needs a restriction/adaptation to participate in school activities include physical education. Please explain the reason and the restriction(s):

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Healthcare Provider Signature \_\_\_\_\_ Phone number \_\_\_\_\_

OFFICE STAMP

Date \_\_\_\_\_

Parent or Guardian:

**Please SCAN and SEND completed forms** to [Freshmanforms@ignatius.edu](mailto:Freshmanforms@ignatius.edu)