



- Only this form is accepted and required for ALL freshmen.
- Must include an up-to-date IMMUNIZATION RECORD
- Please SCAN and SEND completed forms to [Freshmanforms@ignatius.edu](mailto:Freshmanforms@ignatius.edu)

**SAINT IGNATIUS HIGH SCHOOL Freshman PHYSICAL EXAMINATION FORM**

**\*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/welcome2025](http://www.ignatius.edu/welcome2025) in the Health & Wellness section.

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 explain:

\_\_\_\_\_

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

\_\_\_\_\_

**❖ 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):

\_\_\_\_\_

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

OFFICE STAMP \_\_\_\_\_ Date \_\_\_\_\_