



- 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

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/welcome2026 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 _____

System	Findings: Normal / Abnormal + Explanation
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 _____