

- Must be completed by a **HEALTHCARE PROFESSIONAL**.
- Must include an up to date IMMUNIZATION RECORD.
- Return by mail attention to Mrs. Shannon Fujimura, by email to sfujimura@ignatius.edu, or drop off in the Admissions Office.

## SAINT IGNATIUS HIGH SCHOOL PHYSICAL EXAMINATION FORM

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

If your student has any of the health concerns indicated below\* or will carry an inhaler, will carry epinephrine, will take medications at school, or will require an emergency action plan, please print out in advance and have the healthcare provider complete and sign the <u>additional medical forms</u> related to your student's condition that are found at <u>www.ignatius.edu/welcome2023</u> in the Health & Wellness section.

	ame:		nitial)	DOB: _	//	ID#:
	(last	, first, middle ii	nitial)			
Ht	Wt	BMI%	Intervention	B/P	Pulse	Resp
Vision: L	R	referred _		Hearing: L	R	referred
System			Findings: Normal /	Abnormal + Explana	tion	
Gross den	ıtal(teeth -gu	ms)		-		
Head/scal		-				
Eyes/Ears	/Nose/Throa	ıt				
Chest/Lur	ngs/Heart					
Abdomen						
GI, hernia	ı					
Musculos	keletal, scoli	osis				
Neurologi						
			on that may require en	nergency action at sc	hool, e.g. se	eizures, serious allergi
asthm	na, diabetes.	* Please explain				
asthm	na, diabetes.	* Please explain	n:			
This s	student requi	* Please explain	n:	medications:		
This s  Please ch  This s	student requirect one: student may student need	* Please explaining ires medication	n:  at school.* Please list  y in all school activities  daptation to participate:	medications:	ucation.	
This s  Please ch  This s  expla	student requirect one: student may student need in the reasor	Please explaining Please expla	n:  at school.* Please list  y in all school activities  daptation to participate:	medications: including physical edu	ication.	al education. Please
This s  Please ch  This s  expla	student requirestudent requirestudent may student need in the reason	Please explaining ires medication  participate fully s a restriction/act and the restriction.	n:  n at school.* Please list  y in all school activities daptation to participate stion(s):	including physical eduin school activities inc	number (	al education. Please