MANDATORY - Student Physical Form

Completion by a family physician is required for all new students.

To be completed by Family Physician and returned to **nurse@stjohnsacademy.ca**

Surname: _____Given Name(s):_____

Blood Pressure: _____ Height (cm): _____ Weight (kg):_____

Systems	Normal		Comments on Abnormalities			
	Yes	No				
ENT						
CHEST						
CARDIO						
ABD						
GU						
SPINE/EXTREMITIES						
SKIN						
VISION			R 20/ L 20/	Corrected:	R 20/ L 20/	☐Glasses ☐Contacts
SPORT RESTRICTION*						

** Any student with known cardio-vascular issues must confirm with his/her physician the appropriateness of enrolling in athletics and physically intense activities such as dance.*

Has this child seen a: Psychiatrist ☐ Yes ☐ No

Psychologist ☐ Yes ☐ No

Counselor ☐ Yes ☐ No

Comments:_____

Current Medication: _____

_____

Any clinically indicated lab results:

_____

Physician Information

Name: _____ Phone: _____

Address: _____ Fax: _____

City: _____ Postal Code: _____

Province/State: _____ Country: _____

_____ _____ _____ 20 __

Physician Name (please print) Physician Signature Date