



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/	<input type="checkbox"/> Glasses <input type="checkbox"/> 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: _____

Physician Name (please print)

Physician Signature

Date

20 ____