

Medical Examination

711 E. Yale Avenue, Denver CO 80210
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Student's Name _____ Birthdate (MM/DD/YYYY) _____ Sex: Male Female

Home Address: _____
Street City State ZIP

Name of Parent/Guardian _____ Home Phone: _____

Physicians should complete the following information.

1. Is student subject to conditions that may cause classroom emergencies, such as epilepsy, diabetes, fainting, allergies, asthma, other? Yes No Explain: _____

2. Does the student have any other medical problems with which the school should be concerned? Yes No Explain: _____

3. Is there evidence of need for dental care? Yes No Explain: _____

4. Is there a hearing defect for which the school could compensate by seating or other action? Yes No Explain: _____

5. Are there any visual defects for which the school could compensate by seating or other action? Yes No Explain: _____

6. Have there been any illnesses, accidents, operations, or congenital defects that limit the student's participation? Yes No Explain: _____

7. Is there any mental, emotional, or physical condition for which the student should remain under doctor's periodic observation? Yes No Explain: _____

At what interval does the student need rechecks? _____

Health History: Please supply month and year.

Measles (red) _____	Whooping cough _____	Hay fever/asthma _____
Measles (3 day) _____	Heart disease _____	Polio _____
Diabetes _____	Rheumatic fever _____	Mumps _____
Scarlet fever _____	Chicken pox _____	Epilepsy _____

List any other serious illnesses, operations, or injuries and age when occurred:

Physician Signature: _____ Date: _____