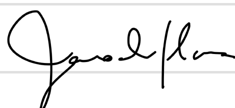
Health Appraisal Form

Patient Information
Child's Name:
Date of Birth:
Grade:
School:
Parent/Guardian's Name:
Phone Number:
Address:
Medical History
Immunization List
Allergies
Medication List

Name	Dosage	Time	Notes

Physical Examination	
Height:	Weight:
Vision:	Hearing:
BMI and Weight Status:	
Blood Pressure:	
Summary and Notes	
Physical Education/Sports/Playground/Work Qualification	
Please check one:	
Free from all contagions and physically qualified for all physical education/sports/ playground/work activities	
Limited contact: cheerlead, gymnastics, skiing, volleyball, cross-country, basketball, etc.	
Non-contact: Badminton, golf, swimming, tennis, archery, etc.	
Specify Medical Accommodation Needed for School:	
Known or Suspected Disabilities:	
Restrictions and Protective Equipment Requirements:	
Signatures	
Provider's Name:	
Provider's Signature:	
Date:	
Parent or Guardian's Name:	
Parent or Guardian's Signature: 	
Date:	