

# 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: