



## PHYSICAL EXAMINATION

Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date of Examination \_\_\_\_\_

I have examined \_\_\_\_\_ and found him/her to be free of communicable disease.

This child    **is**    **is not** physically and/or emotionally able to participate in a regular school activity program. This child's educational and/or physical activity program requires the following limitations/modifications: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Results of physical examination:

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_