



# STUDENT PHYSICAL

GREEN PARK LUTHERAN SCHOOL requires ALL NEW students, as well as current students entering kindergarten, 4th, and 7th grades to have a physical examination and current immunization report. This physical form, along with a detailed Immunization Report are required before the first day of school.

Child's Full Name \_\_\_\_\_

Grade \_\_\_\_\_

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

## PHYSICAL EXAMINATION

Height \_\_\_\_\_

Weight \_\_\_\_\_

B/P \_\_\_\_\_

## VISION

Normal ☐

Glasses ☐

Contacts ☐

## HEARING

Normal ☐

Abnormal ☐

## GROWTH DEVELOPMENT

Ears/Nose \_\_\_\_\_ Heart \_\_\_\_\_ Musculoskeletal \_\_\_\_\_ Head/Neck \_\_\_\_\_

Skin/Glands \_\_\_\_\_ Mouth/Teeth \_\_\_\_\_ Genitalia \_\_\_\_\_

DOES CHILD HAVE MEDICAL OR MENTAL HEALTH DIAGNOSIS? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

DOES CHILD HAVE ALLERGIES OR ASTHMA? IF YES, PLEASE EXPLAIN: \_\_\_\_\_

Inhaler ☐

Nebulizer ☐

Epi-Pen ☐

# MEDICATION

PRESCRIPTION MEDICATIONS? \_\_\_\_\_

DAILY OVER THE COUNTER MEDICATIONS? \_\_\_\_\_

## CHILD HAS PERMISSION TO TAKE THE FOLLOWING MEDICATIONS:

Acetaminophen \_\_\_\_\_ (dosage) every 4-6 hours as needed for fever/pain/headache.

Ibuprofen \_\_\_\_\_ (dosage) every 6-8 hours as needed for fever/pain/headache.

# LIMITATIONS OR RESTRICTIONS

Activity Restrictions \_\_\_\_\_

Dietary Restrictions \_\_\_\_\_

## IMMUNIZATION RECORDS: PLEASE ATTACH A COPY OF CHILD'S IMMUNIZATION RECORDS FROM PHYSICIAN

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

Physician Name Printed \_\_\_\_\_

\*A substitute form from your doctor may be submitted, but should contain all of the information listed above.

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