

San Francisco Waldorf High School
Physician's Report Form
2009 - 2010

TO BE FILLED OUT BY FAMILY PHYSICIAN ANNUALLY

File this form with the Registrar prior to the first day of classes for the 2009-2010 academic year.

Student's Name _____

Health Examination by Licensed Physician

I have examined the above student **WITHIN THE PAST TWO YEARS.** Date of Exam: ____/____/____

In my opinion, this student's condition **DOES / DOES NOT** preclude his/her participation in a full physical education program and, for student athletes, extracurricular sports activities.

This student is under the care of a physician for the following condition(s):

Current treatment (including medication):

Explanation of any reported loss of consciousness, convulsion, or serious head injury:

Any restrictions on school activities? _____

Any allergies? _____

TB Skin Test or Chest X-Ray: REQUIRED FOR ALL STUDENTS EVERY 4 YEARS

Date ____/____/____ Results _____

Would it be helpful to discuss this student's medical condition? YES NO

If so, could we phone you? YES NO

PHYSICIAN'S SIGNATURE

Physician's signature _____ Phone _____

Address _____
street suite city/state zip