

# Tualatin Valley Junior Academy

## Physical Examination

(For all NEW students and for those students entering into grades, K, 1 or 9)

Student's name: \_\_\_\_\_ School Year: \_\_\_\_\_

*To be filled out and signed by examiner:*

Measurements:	Height	_____	Weight	_____
Exam:	Vision	_____	Hearing	_____
	Skin	_____	Orthopedic	_____
	Physical Maturity	_____	Extremities	_____
	Repertory	_____	Neurological	_____

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Comments on unsatisfactory conditions: \_\_\_\_\_  
\_\_\_\_\_

1. Does this child have any health condition that would make his/her attending this school a risk to other students? \_\_\_\_\_
2. Does this child have any condition(s) that would be a hazard to him/her in attending this school?  
\_\_\_\_\_
3. Does this child have special needs or is receiving special services?  
\_\_\_\_\_

Additional Comments: \_\_\_\_\_

I have examined \_\_\_\_\_ and recommend him/her as being physically able to compete in supervised athletic activities.

This student is exempt from the following activities due to health problems:  
\_\_\_\_\_  
\_\_\_\_\_

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Date \_\_\_\_\_ Examined by: \_\_\_\_\_

Physicians Office \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Upon completion, this form is to be returned to the school office.