

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:

Date _____ Examined by: _____

Physicians Office _____

Address _____ City _____

State _____ Zip _____ Phone () - _____

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