



**SALEM LUTHERAN**  
CHURCH AND SCHOOL

**HEALTH INFORMATION AND PHYSICAL FORM**

Child's Name:	Address:
Father/Guardian:	Mother/Guardian:
Home Phone Number:	Home Phone Number:
Business Phone Number:	Business Phone Number:

**BELOW TO BE COMPLETED BY A PHYSICIAN:  
(FOR STUDENTS ENTERING GRADES K, 3, 5, 7, ALL NEW STUDENTS, ALL STUDENTS PARTICIPATING IN SPORTS)**

Is the child under care at this time? YES NO Date of Physical Examination:

<b>Physical Findings:</b>		<b>For New Students:</b>
Height:	Weight:	Recommendations for School:
BP:	Pulse:	
Snellen:	Cover Test:	Special Seating Recommended? YES NO
Glasses?	Heart:	
ENT?	Abdomen:	
Chest/Lungs:	Lymph Nodes:	Medical Treatment at School:
Hernia:	Genitalia:	
Neurologic:		
Scoliosis		

**May the child participate in sports? YES NO**

Name of Examiner (please print):	Signature of Examiner:	Date:
Address:	Phone Number:	

**PLEASE ATTACH CURRENT IMMUNIZATION LIST**