

**Bellevue School District**  
**ELEMENTARY SCHOOL**

**MEDICAL HISTORY AND PHYSICAL EXAMINATION REPORT**

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**Birthdate:**

**PARENTS:** *Please complete.*

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Past Medical History:**

Has your child been seriously ill? \_\_\_\_\_ Had an operation? \_\_\_\_\_

Had any serious accident? \_\_\_\_\_

Please explain: \_\_\_\_\_

\_\_\_\_\_  
*Parent's signature*

**PHYSICIAN:** *Please complete.*

**Please circle any present health concern:**

Bee sting allergy / allergies / asthma / diabetes / congenital anomalies / emotional problems / urinary difficulties  
hearing difficulties / visual difficulties / abnormal bleeding / scoliosis / seizures / cardiac difficulties

Other: \_\_\_\_\_

Please note: **All life threatening health conditions/allergies and significant asthma conditions require a health care plan prior to attending school (WAC: 180-38-045)**

**ANY** medication and dosage (list): \_\_\_\_\_

Student's limitations teachers should know: \_\_\_\_\_

I have known this student since: \_\_\_\_\_

I have examined \_\_\_\_\_ and find him / her physically able to participate in:

1. No physical activity.

2. Limited physical activity. Please explain nature and duration of limitation:

\_\_\_\_\_  
\_\_\_\_\_

3. Full physical education.

Physician's Stamp \_\_\_\_\_ Physician's signature \_\_\_\_\_ Date \_\_\_\_\_