



School Year Update for Returning Students

Student's Name: _____ Date of Exam: _____

Height: _____ Weight: _____

Updated Vaccines: _____

Food Allergies: _____

Environmental Allergies: _____

If any allergies are listed, the Allergy Action Plan must be completed

Other Special Conditions to Note (Seizure Disorders, Orthopedic Concerns, Heart problems:

List of Medical Diagnosis:

Symptoms and Treatment/Medications:

I have completed an age appropriate health screening of this child. Except as otherwise noted on this form, this individual is in good health and given medical clearance for all school activities, physical education classes and enrichment programs.

Name of Pediatrician: _____ Signature: _____ Date: _____