SAINT FRANCIS HIGH SCHOOL

Upload form to your student's profile

Full Legal Name		Graduation Year
Date of Birth		

Height		BP		Vision Left	20 /	Hearing Right	
Weight		Pulse		Vision Right	20 /	Hearing Left	
Skin		BMI%		Contacts	☐ Yes ☐ No		

☐ NL	☐ AB	Appearance	☐ NL	☐ AB	Abdomen	☐ NL	☐ AB	Elbow/Forearm
☐ NL	☐ AB	Eyes, Ears, Nose, Throa	☐ NL	☐ AB	Genitalia (males only	☐ NL	☐ AB	Wrist/Hand
☐ NL	☐ AB	Lymph Nodes	☐ NL	☐ AB	Skin	☐ NL	☐ AB	Hip/Thigh
☐ NL	☐ AB	Heart	☐ NL	☐ AB	Neck	☐ NL	☐ AB	Knee
☐ NL	☐ AB	Pulses	☐ NL	☐ AB	Back	☐ NL	☐ AB	Leg/Ankle
☐ NL	☐ AB	Lungs	☐ NL	☐ AB	Shoulder/Arm	☐ NL	☐ AB	Foot

Describe Abnormals, Recommendations: _____

_____

_____

☐ Cleared for physical activity and extracurricular sports (may include contact sports)

☐ Cleared after completing evaluatio(explain below)

☐ Not cleared for sports

Recommendations _____

_____

_____

BAR CODE

DO NOT WRITE NEAR BAR CODE

PHYSICALS MUST BE DATED AFTER 08 / 15/ 2016

Doctor's Office O fficial Stamp

STAMP HERE

** Not valid without stamp **

201604211150

Date of physical _____ (Not accepted without)

Name of physician _____

Address _____

Phone _____

Signature of physician _____

ALL INCOMING FRESHMAN &TRANSFER STUDENTS MUST COMPLETE IMMUNIZATION RECORD BELOW **ATTACHMENTS CANNOT BE ACCEPTED**

Click here https://goo.gl/JTpKGb for information about TB test requirements

Date each dose was given

Vaccine	1st	2nd	3rd	4rd	5th	Boost
POLIO(OPV, IPV)						
DtaP/DTP/DT/Td						
MMR						
HIB MENINGITIS						
HEPATITIS B						
VARICELLA						
HEP A (Not required)						

Dates must be written in each box

Tuberculin Skin Test (TST/Mantoux/PPD)

Date given: _____ Date read: _____

Type: _____ Induration: ___mm

Impression: Pos ☐ Neg ☐

Chest X-ray (required if skin test positive)

Date: _____Impression: Pos☐ Neg ☐

Free of communicable TB: Yes☐ No☐