

**UNION-NORTH UNITED SCHOOL CORPORATION
PHYSICAL EXAMINATION CERTIFICATE**

Heart _____
 Condition _____
 Lungs _____
 Condition _____
 Nose _____
 Condition _____
 Throat _____
 Condition _____
 Ears _____
 Condition Right _____ Left _____
 Eyes _____
 Condition Right _____ Left _____
 Hernia _____
 Blood Pressure _____
 Feet _____
 Condition _____
 Weight _____ Height _____
 Vision R20 _____ L20 _____
 Corrected Yes _____ No _____

Physically fit to participate in the physical education program? Yes _____ No _____

Physically fit for competitive sports? Yes _____ No _____

Reasons for restricted program:

Comments or recommendations:

Name _____
 Date of Birth _____
 Grade _____ School _____
 Parents _____
 Address _____

Immunizations
 Please attach official copy
The Minimum requirements are:

- 5 DTP, DTaP, or DT (diphtheria-tetanus-pertussis)
- 4 Polio Vaccine: oral (OPV) or inactivated polio (IPV)
- 3 Hepatitis B vaccine
- 2 MMR vaccine, on or after the first birthday
- 2 Varicella vaccine (Chickenpox) or physician written history of the disease (month & year)
- 1 Tdap (grades 6-12)
- 1 Meningitis (grades 6-11)

PREVIOUS DISEASES & ILLNESSES

Allergies _____
 Asthma _____ Measles _____
 Diabetes _____ Mumps _____
 Chickenpox _____ Nosebleeds _____
 Epilepsy _____ Pneumonia _____
 Headaches _____ Rheumatic Fever _____
 Measles (German) _____ Scarlet Fever _____
 Other _____

 Signature of Examining Physician Date

 Parent or Guardian Signature Date