Norway J7 School District
Drought School
Student Health Examination

_____ _____ _____ _____
(Last) (First) (Middle) (Grade)

_____ _____ _____
(Street Address) (City & State) (Zip)

Date of this health examination _____ _____ _____
(Month) (Day) (Year) (Height) (Weight)

Summary of Abnormal Findings _____
_____

Check a classification for physical activity below:

Full Program of School Activities (no limitations)	_____
Modified School Program (provide details below)	_____
Home-Bound Instruction (provide details below)	_____
Special School Placement (provide details below)	_____

Details should be provided for any item marked. _____
_____
_____

Does student have any allergies? _____ Yes _____ No
Explain _____
_____

Does student take any medications? _____ Yes _____ No
Explain _____
_____

NOTE: Any medications that need to be taken during the school day require a **separate** medication authorization form.

Does student use an inhaler? _____ Yes _____ No
Explain _____
_____

NOTE: Any inhalers that need to be at school require a **separate** medication authorization form.

Does student use an Epi-Pen? _____ Yes _____ No
Explain _____
_____

NOTE: Any Epi-pens at school require a **separate** medication authorization form and allergy action plan form.

Are there any sports or extra-curricular activities in which this student cannot participate?
_____ Yes _____ No

If the answer is "yes," specify the sports or school activities in which this student cannot participate.
_____

If student is restricted or disqualified from sports or extra-curricular activities, please indicate reason(s).
_____
_____

Examination Site _____

_____ _____
(Signature of Physician) (Date)

NOTE: Please return this form to school after examination is completed. (revised 01/16)

This examination is not required by the school district. It is recommended and voluntary. There is no penalty for non-compliance.