



Eastside Christian School

MIDDLE SCHOOL PHYSICAL STATUS REPORT

Student Name: _____ Grade: _____
Gender: ____ Male ____ Female Birthdate: _____

PARENTS: Please complete.

Physician's Name: _____

During the past year:

Has your child been seriously ill? _____ Had any operations? _____

Had any serious accidents? _____

Please explain: _____

Parent's Signature: _____ Date: _____

PHYSICIAN: Please complete.

These health conditions can be of concern. Please check all the ones that apply:

☐ Abnormal Bleeding	☐ Allergies	☐ Asthma	☐ Bee Sting Allergy
☐ Cardiac Difficulties	☐ Congenital Anomalies	☐ Diabetes	☐ Emotional Problems
☐ Hearing Difficulties	☐ Seizures	☐ Scoliosis	☐ Urinary Difficulties
☐ Visual Difficulties	☐ Other: _____		

On medication and dosage (list) _____

I have known this student since _____.

I have examined _____ and find he/she is physically able to participate in

☐ 1. No physical activity.

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

☐ 3. Full physical education.

☐ 4. Competitive athletics (intramural and interscholastic).

Physician's Signature: _____ Date: _____

NOTE TO PHYSICIANS: (TO BE USED IN YEARS FOLLOWING INITIAL PHYSICAL EXAMINATION)

Washington Interscholastic Activities Association regulations permit a physician to furnish a yearly statement of clearance for continued athletic participation following the required initial physical at the middle and high school level. I certify _____ is physically able to continue interscholastic athletic participation.

Date of last physical examination: _____

Date of statement of clearance for continued athletic participation: _____

Physician's Signature: _____ Date: _____