CANADIAN AMERICAN SCHOOL

STUDENT HEALTH ASSESSMENT/PHYSICAL EXAMINATION FORM

To be completed by a Licensed Physician

Name _____ Age _____ Sex _____ Grade _____

Height _____ Weight _____ Blood Pressure _____ Blood Type _____

1. Does this child have a health condition which may require **EMERGENCY ACTION** while he/she is at school? (e.g., seizure, insect sting, asthma, allergy, bleeding problem, diabetes, heart problem?)
   ☐ No ☐ Yes, please describe _____

2. Is the student on long-term medication? If yes, a Medication Administration Form must be completed for in-school administration.
   ☐ No ☐ Yes, please describe _____

3. Is there evidence for concern for any of the areas listed below? Indicate the results of your examination by checking the appropriate space.

Areas	Normal	Findings	Descriptions
Eyes, Ears			
Nose, Throat			
Cardiovascular			
Respiratory			
GI/Abdominal			
Genitourinary			
Musculoskeletal			
Skin			
Neurologic			
Psychiatric			
Endocrine			
Hematologic			
Others			

4. Should there be any restriction of physical activity in the school? If so, specify nature and duration of restriction.
   ☐ No ☐ Yes, please describe _____

5. An ECG (12-lead resting electrocardiogram) is **REQUIRED** for all new students entering Grade 6 and above.
   ☐ age appropriate ECG ☐ pathological heart condition
   ☐ further cardiological diagnostic required

   Remarks/Findings: _____

_____ has had a complete physical examination and has
(Name of Student)

☐ no evident problem that may affect learning ☐ problems noted above

Physician's Printed Name _____ Signature & Title _____ License Number _____ Date _____

Address _____ Office Phone Number _____

Confidentiality: The information on this form and its attachments are confidential and will only be shared with school personnel on a need-to-know basis.