

Medical Information

Name of Student _____

Grade _____

Student Health Information

(Student's health information MUST be completed by a parent or guardian *prior* to examination by your family physician.)

	YES	NO		YES	NO
1. Head Injury?	_____	_____	6. Any history of heart disease or murmur?	_____	_____
2. Fainting?	_____	_____	7. Recent or frequent bone or joint injuries?	_____	_____
3. Shortness of breath?	_____	_____	8. Any chronic lung condition?	_____	_____
4. Easy Fatigue?	_____	_____	9. Diabetes or diabetic tendency?	_____	_____
5. Asthma?	_____	_____	10. Date of last tetanus booster: _____		

List Allergies to Medicine _____

Are you currently taking prescribed medication? Yes No

If Yes, please list all medication _____

Do you wear glasses? Yes No

Do you wear contact lenses? Yes No

Additional pertinent information: _____

Physician's Report for Participation

(To be completed and signed by the examining physician.)

Name of Physician _____ Phone (573) _____

Pulse _____ Rhythm _____ Blood Pressure _____ Weight _____

Eyes _____ Describe any abnormality _____

Lungs _____ Describe any abnormality _____

Heart (Any abnormality should be diagnosed by examining physician prior to qualifying student.)

Abnormality? NO YES If yes, describe _____

Hernia? NO YES

Extremities and back: Please indicate any history of orthopedic defect(s)

Additional pertinent information: _____

I certify that I have completed the above evaluation and (DO) (DO NOT) recommend the student as being physically able to participate in music activities, including Marching Band. (If the student is not declared physically able to participate in proposed activities, list exceptions):

Date of Examination _____

Signed _____

Examining Physician (M.D., D.O.)