



PE4ME STUDENT MEDICAL FORM

DATE: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

Waist Circumference: [ ][ ][ ] . [ ][ ] cm

STUDENT NAME#: \_\_\_\_\_

HEIGHT: [ ][ ][ ] . [ ][ ] cm

STUDENT ID# [ ][ ][ ]

WEIGHT: [ ][ ][ ] . [ ][ ] kg

GRADE: [ ][ ]

BLOOD PRESSURE: [ ][ ][ ] / [ ][ ][ ]

DOB: [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

GENDER:  M<sup>1</sup>  F<sup>2</sup>

SCHOOL ID#: [0][2][0] SCHOOL: Woodbridge High School

**HISTORY:**

Medications:

Allergies:

Medical Problems:

**PHYSICAL**

YES

NO

Skin:

Acanthosis

Striae

Heart: \_\_\_\_\_

Lungs: \_\_\_\_\_

Ortho: \_\_\_\_\_



**Pertinent Findings**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ASSESSMENT:**

Cleared

Not Cleared

**REFERRALS:**

MediKids

Physician

SJHS Clinic

Other

X \_\_\_\_\_  
(Physician Signature)

Date:   /   /

STUDENT NAME: \_\_\_\_\_

STUDENT ID#:

SCHOOL ID #:     SCHOOL: Woodbridge High School