

Princeton Public Schools

Request for School Physical

Student Name: _____

Date of Birth: _____

School Attending: _____ Grade: _____

I request that the school physician provide a physical examination for the purpose of evaluating my child's health status. If this physical examination is for participation in sports, any medical follow-up to this evaluation will be my (our) responsibility and that an evaluation by a private physician may still be needed to clear my child for participation.

Parent Name: _____

Parent Signature: _____

Date: _____

Office Use Only

Date Physical Scheduled: _____

Physician: _____