

**UNION-NORTH UNITED SCHOOL CORPORATION
PHYSICAL EXAMINATION CERTIFICATE**

*This form is not valid for athletes competing for school. Athletes require the IHSAA physical form. The IHSAA form is available at lavilleathletics.com or in the office.

Heart _____
 Condition _____
Lungs _____
 Condition _____
Nose _____
 Condition _____
Throat _____
 Condition _____
Ears _____
 Condition Right _____ Left _____
Eyes _____
 Condition Right _____ Left _____
Hernia _____
Blood Pressure _____
Feet _____
 Condition _____
 Weight _____ Height _____
 Vision R20 _____ L20 _____
 Corrected Yes _____ No _____

Physically fit to participate in the physical education program? Yes _____ No _____

Physically fit for competitive sports?
Yes _____ No _____

Reasons for restricted program:

Comments or recommendations:

Name _____
Date of Birth _____
Grade _____ School _____
Parents _____
Address _____

Immunizations

Please attach official copy

The Minimum requirements are:

- 5 DTP, DTaP, or DT (diphtheria-tetanus-pertussis)
- 4 Polio Vaccine: oral (OPV) or inactivated polio (IPV)
- 3 Hepatitis B vaccine
- 2 MMR vaccine, on or after the first birthday
- 2 Varicella vaccine (Chickenpox) or physician written history of the disease (month & year)
- 2 Hepatitis A vaccine
- 1 Tdap (grades 6-12)
- 1 Meningitis (grades 6-11)

PREVIOUS DISEASES & ILLNESSES

Allergies _____
Asthma _____ Measles _____
Diabetes _____ Mumps _____
Chickenpox _____ Nosebleeds _____
Epilepsy _____ Pneumonia _____
Headaches _____ Rheumatic Fever _____
Measles (German) _____ Scarlet Fever _____
Other _____

Signature of Examining Physician _____ Date _____

Parent or Guardian Signature _____ Date _____