



HENDERSON
INTERNATIONAL
SCHOOL

STUDENT PRE-ADMISSION PHYSICAL EXAMINATION

Student's Name _____ Date of Birth _____ Date of Physical Examination _____

Home Address _____ City _____ State _____ Zip _____ Home phone _____

Please have your family health practitioner complete the following:

1. Is there any reason why this child cannot be immunized? _____ Yes _____ No

If yes, please explain: _____

2. Does this child have any special problems or conditions for which a childcare program or school would not be able to manage? _____ Yes _____ No

If yes, please explain: _____

3. Clearance **CLEARED** _____ Yes _____ No

Cleared after completing evaluation/rehabilitation _____

NOT CLEARED FOR: _____ REASON: _____

Name of Physician (print) _____ Phone _____

Address _____ City _____ State _____ Zip _____

Signature of Health Practitioner

Date