



# San Fernando Valley Academy

International Student (Physician's Examination)

Applicant's Name \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

Skin

Normal	Abnormal	Not Examined

Explain Abnormalities:

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International Student (Physician's Examination)

Nutritional Status and general appearance of the child:

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Recommendations for additional medical or dental care:

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This student may participate in a normal physical education program which includes such activities as running, jumping, tumbling, etc.  Yes  No

If student must be restricted from participating in activities such as are listed above, please indicate physical activities that may be permitted.

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Clinic/Hospital Address: \_\_\_\_\_

Physician's Name (Printed): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*To be completed by the family physician and kept on file at the school for all children, (a) entering school for the first time, (b) at grade seven (this should include the scoliosis examination), (c) at least once in grades nine through twelve, and (d) at other grades, when required by the Conference Board of Education.