



**NOTE TO PARENTS:**

This form is only required if your son/daughter will be participating in Interscholastic Athletics/Sports.

Fox Point-Bayside School District  
7300 N. Lombardy Rd., Milwaukee, WI 53217  
**FAX** to Bayside Middle School: 414-247-8963

Report to School on Significant Findings of Health Examinations

Student Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medical Conditions of significance to school authorities: \_\_\_\_\_

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

Is the pupil capable of carrying a full program of school work? Yes \_\_\_\_\_ No \_\_\_\_\_

Is special seating recommended? Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a need to restrict physical education activity? Yes \_\_\_\_\_ No \_\_\_\_\_

Classification for physical education activity: (Please circle code number)

Code I Unlimited Activity - Competitive Sports

Code II Slightly Modified

Code III Definitely Restricted - Cardiac Disease, etc.

Code IV Rest

Please elaborate on any recommended restrictions from normal school activity. State nature and duration: \_\_\_\_\_

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

Please indicate, for purpose of follow-up, need for any specific medical, dental, or surgical care including immunization: \_\_\_\_\_

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

Has child been Tuberculin Tested: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_