



MEDICAL EXAMINATION

Student's Full Name: _____ **DOB:** _____

By state law, students are required to have a medical examination completed by a licensed physician, state approved nurse practitioner, or physician's assistant **every two years**. Documentation of immunizations and physical exam must be on record at Vista Learning Center. Students are not allowed to attend school without proper documentation. **We are still able to accept a physician's office standard exam form, but we now require a doctor's signature on this form also.**

In addition to typical classroom activities, I understand that the above named student will be participating in strenuous activity that could include but are not limited to the following situations: athletic competition, adventure challenge, and/or wilderness expedition which may include the following conditions: high altitude, extreme weather, cold water, exposure, fatigue, and other conditions where readily available medical care can not be assured.

Student's Name:	Date Examined:
Essential Findings that are Deviations from Normal:	
Limitations or Restrictions from School Activities:	
Current Medications and Restrictions:	
In my opinion, this person's condition allows for participation in an active and sometimes strenuous school program.	
Signature of Physician/Nurse Practitioner/Physician's Assistant	Date
Print Name and Address of Above:	
Phone Number:	

Please include a complete record of student's immunizations along with this form.