

NORTHERN WELLS COMMUNITY SCHOOLS
Ossian Elementary School
 213 South Jefferson Street, Ossian, IN 46777
HEALTH PHYSICAL FORM

Name: _____

PREVIOUS DISEASES AND CONDITIONS (approximate dates)

DISEASE/CONDITION	DATE(S)	ADDITIONAL INFORMATION
Asthma		
Chickenpox		
Pneumonia		
ADHD		
Surgeries		
Allergies		
Other (frequent health problems)- 1. _____ 2. _____ 3. _____	1. _____ 2. _____ 3. _____	

Height:	Weight:	Ears:
Throat:	Heart:	Eyes:
Blood Pressure:	Abdomen:	Hernia:

Recommendations:

Date: _____

Physician's Signature: _____

Printed Name: _____