

Wahoo Public Schools
Wahoo, Nebraska

Wahoo Elementary Wahoo Middle Wahoo High Alternative
_____ kindergarten _____ 7th grade _____ out-of-state

Physical Evaluation

Name _____

Sex _____ Age _____ Date of Birth _____

_____ Physical exam completed Date _____

Immunizations given today --- please list.

Allergies/Other Information _____

Name of Physician/Provider (print) _____

Address _____

Phone _____

Signature of Physician/Provider _____

.....
_____ I object to my child having a physical examination.

Date _____

Parent/Guardian Signature _____