

Commonwealth-Parkville School

P.O. Box 70177
San Juan, P.R. 00936-8177

COMMONWEALTH CAMPUS

Grades 7-12
Calle Castillo Esq. Antolin Nin
Urb. Roosevelt, Hato Rey, P.R. 00918
Tel (787) 765-4411 Fax (787) 764-3809

PARKVILLE CAMPUS

Grades PPK-6
Alabama Final
Urb. Parkville, Guaynabo, P.R. 00969
Tel (787) 720-3992 Fax (787) 272-8150

MEDICAL EVALUATION

(to be completed and signed by **parent**)

Please Print

Student's Name	Date of Birth	Sex
Address	Home Telephone Number	
City and Zip Code	Grade	
Parent/Guardian	Parent's e-mail	

I give the School Nurse permission to release information, if needed, to school staff for confidential use in meeting my child's health and educational needs in school. YES NO

Parent/Guardian Signature

To be completed and signed by **health care provider**

SCREENING TESTS

Height	Weight	B/P	Pulse
Vision-- Without Glasses	Vision-- With Glasses	Auditory--Pass/Fail	Postural
R 20/ L 20/	R 20/ L 20/	R L	Normal Abnormal

This student has the following problems which may adversely affect his or her educational experience:

- Vision Auditory Speech/Language Physical Dysfunction Emotional/Social Behavior
 The student has a health condition which may require emergency action at school, (e.g. seizures, allergies, etc.) *Specify below*
 The student is on long-term medication (*Specify below*)

Comments and recommendations (attach additional sheet if necessary)

- This student may participate fully in the school program, including physical education activities
 This student may participate in the school program and physical education with the following restrictions/adaptations:

Yes NO Based on this health history and physical examination, this student has maintained his/her level of wellness.

I would like to discuss information in this report with the School Nurse.

Health Care Provider Name (print)	Health Care Provider Signature	License Number	Telephone Number

Date

Rev/2012