

STATE OF UTAH
UTAH DEPARTMENT OF HEALTH
DIVISION OF FAMILY HEALTH SERVICES
UNIFIED HEALTH APPRAISAL FORM

- Pre-school & Kindergarten
- Third Grade
- Seventh Grade
- Other

TO PHYSICIANS: This Unified Health Appraisal Form may be used for reporting any of the following:

1. Physical examination	4. Recommended remedies or follow-up services
2. Activity Restrictions	5. Athletic camp or other examinations
3. Medications to be taken at school	

TO SCHOOL PERSONNEL: This Unified Health Appraisal Form and Immunization Record should become a permanent part of each student's cumulative record folder. A copy should be made and sent to the new school whenever a student transfers.

NAME: _____ DATE OF BIRTH _____ SEX: F M
month day year

PARENTS/GUARDIAN: _____ SCHOOL/ORGANIZATION: _____

ADDRESS: _____ SCHOOL DISTRICT: _____

PHONE: _____ EMERGENCY PHONE _____ VISUAL ACUITY:
 Right: 20/_____
 With correction: _____ Left: 20/_____
 Without correction: _____

I. The above named patient was examined on _____ (date) and found to

- be free of illness or conditions which would interfere with **SCHOLASTIC** performance
- be free of illness or conditions which would interfere with **SPORTS** performance
- have the following **MEDICAL CONDITIONS**:
 1. _____
 2. _____

II. The following **RESTRICTIONS** should be placed on **ACTIVITY**: None See Below

1. _____
2. _____
3. _____

Restrictions are to be in force until _____ (date)

III. The following **MEDICATIONS** are prescribed and may be taken at school: None See Below

Medication	Medical Condition # from above	Dose (mg)	Form (tab. tsp)	Time	Stop Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

IV. Other Recommendations: None See Below

1. _____
2. _____
3. _____
4. _____

For further information please contact me at the following address or telephone number.

PRINTED OR STAMPED NAME, ADDRESS AND PHONE
NUMBER OF EXAMING PHYSICIAN

Name: _____

Address: _____

Phone: _____

_____, M.D.
 Physician's signature

 Date