



**North Yarmouth Academy**  
**PHYSICAL EXAMINATION WAIVER FORM**

**WAIVER OF EXAM: If choosing not to do physical and/or date of last exam is greater than 1 years. This waiver will be valid for one year.**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Current/Entering grade \_\_\_\_\_

ALLERGIES: Medications: \_\_\_\_\_ Reaction: \_\_\_\_\_

Food: \_\_\_\_\_ Reaction: \_\_\_\_\_

Bees/Insects: \_\_\_\_\_ Reaction: \_\_\_\_\_

Other: \_\_\_\_\_ Reaction: \_\_\_\_\_

Epi-pen at school: Yes No

ASTHMA: \_\_\_\_\_ Inhaler at school: Yes No

This student has been under my care since his/her last physical exam on \_\_\_\_\_. In my professional opinion, s/he does not need an exam at this time, and is capable of participating in a competitive athletic program without restrictions.

Name of health professional who waives exam \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Signature of health professional: \_\_\_\_\_ Date: \_\_\_\_\_