

PENN MANOR SCHOOL DISTRICT

ADMINISTRATIVE REGULATION

APPROVED: July 2, 2012

REVISED:

234-AR-0-FORM. STUDENT HEALTH REPORT

Student's Name

FOR THE PHYSICIAN:

1. Is the above-named student receiving prenatal care from you? _____

2. What is the anticipated date of delivery? _____

3. Are there any special considerations for or limitations of the student which the school should be aware of when conducting an educational program for this student?

Physician's Comments:

Physician's Signature

Date