1530 Shumate Drive Bartow, Fl 33830
P.O. BOX 391 BARTOW, FL 33831-391
Ph. 534-0519 FAX 519-3791

Free Physical Request Form
K – 12

School:_____ **Principal:**_____

School Phone:_____ **Date:**_____

Student Name:_____ **Grade:**____ **DOB**_____

Student Name:_____ **Grade:**____ **DOB**_____

Student Name:_____ **Grade:**____ **DOB**_____

Parent/Guardian:_____ **Phone #:**_____

Address:_____ **Phone #:**_____

_____

****The following information is required prior to submitting this form**

Reason for referral **Check one:** _____ **Student on free/reduced lunch**

_____ **Student has no insurance**

The Polk County Health Department was contacted and was unable to do a physical at the present time. The Health Department was contacted on _____(date) and the next available appointment given was _____(date).

I agree the above information is correct and acknowledge this request is for my child.

Parent signature _____ Date _____

Referred by: _____ Position _____

Principal's signature _____ Date _____

This form will be returned if incomplete.
Fax form to the Polk Education Foundation 863-519-3791

OFFICE USE ONLY **Clinic name** _____

Date faxed to clinic: _____