



1530 Shumate Drive Bartow, FL 33830

P.O. BOX 391 BARTOW, FL 33831-391

Ph. 534-0519 FAX 519-3791

Free Physical Request Form For Grades K – 8

****Schools must complete this form, obtain parent and principal signatures, then fax to the PEF. A PEF representative will contact the school with approval and clinic information.**

Requests are only processed August through March.

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: 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 _____

School contact: _____ Position _____

Principal's signature _____ Date _____

**This form cannot be processed unless complete.
Fax form to the Polk Education Foundation 863-519-3791**

PEF OFFICE USE ONLY	Clinic name _____
	Date faxed to clinic: _____