

**JEFFERSON COUNTY PUBLIC SCHOOLS**  
**ADDENDUM TO KHSAA PHYSICAL FORM**

This addendum to the physical form must be completely filled out and reviewed by the medical professional administering the physical exam along with all other information.

List any prescription medications that you are currently taking:

If none, parent please initial: \_\_\_\_\_

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List any over-the counter medications, pills, or supplements that you are currently taking:

If none, parent please initial: \_\_\_\_\_

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\_\_\_\_\_  
**(Parent printed name)**

\_\_\_\_\_  
**(Parent Signature)**

\_\_\_\_\_  
**(Student printed name)**

\_\_\_\_\_  
**(Student Signature)**

\_\_\_\_\_  
**(Physician Printed Name)**

\_\_\_\_\_  
**(Physician Signature)**

\_\_\_\_\_  
**(Date)**



