

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 64
 Bradford Corinth Hudson Kenduskeag Stetson

HEALTH EXAMINATION FORM
 (To be used for Grades K, 3, 6, 9 and/or Athletics)

To: Students and Parents/Guardians:

Health guidelines for the State of Maine recommend, but do not require, that all school children have a physical examination every three years. Sports physicals are required. This appraisal should be done by your family physician. Please have your physician fill in the following information and return this form to the school after the examination.

Name of Student _____ Address _____
 Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____
 Past Illness, Injury or Surgery _____
 Allergies: Food, Meds, Insects, Environmental _____
 Eyes _____ R20/ _____ ; L20/ _____ Ears _____ Hearing R _____ /15; L _____ /15
 Respiratory _____
 Cardiovascular _____
 Liver _____ Spleen _____ Hernia _____
 Musculoskeletal _____
 Neurological _____
 Urinalysis _____ Speech/Language _____
 Emotional _____
 Current Meds _____
 Comments _____

Completed Immunization Dates: Please do not write "UTD" unless the health care provider attaches a copy of the current State of Maine Immunization Record. Thank you.

DPT	_____	_____	_____	_____	_____
DT	_____	_____	_____	_____	_____
Adult Td	_____	_____	_____	_____	_____
OPV	_____	_____	_____	_____	_____
IPV	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
HBV	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
Varicella	_____	_____	(or MD confirmation of disease)		

"I certify that I have on this date examined this student and that, on the basis of the examination required by the school authorities and the student's medical history as furnished to me, I have found no reasons which would make it medically inadvisable for this student to compete in supervised athletic activities, **except those crossed out below.**"

- | | | | | | |
|-------------|------------|--------------|--------|------------|----------|
| Baseball | Basketball | Field Hockey | Golf | Gymnastics | Track |
| Volleyball | Skating | Skiing | Soccer | Softball | Cheering |
| Other _____ | | | | | |

Date of Examination _____ Physician's Signature _____
 Physician's Address _____ Phone _____