

MSAD #15 Physical Examination Form

Dear Parent or Guardian:

As stated in policy 2.06, MSAD #15 requires that each student have a complete physical examination by their family health care provider upon entering kindergarten and competitive sports programs starting in the sixth grade. Student Athletes must have a completed physical exam every two years grades 6 thru 12. **Students without the required physical exams on file in their health records will not be allowed to participate.**

A sports questionnaire must be completed annually by the athlete and parent. Upon review of the questionnaire, the school nurse may decide if the athlete needs another physical for the upcoming athletic school year. Athletes who sustain major injuries or have a medical illness will need a new physical exam and one every two years thereafter.

Please make an appointment with your health care provider and have him/her complete and return the form below. If you have any questions or concerns, please do not hesitate to contact us.

Sincerely,

Sheila Giancola, RN, BSN

Ann Baiocchi, RN, BSN

Student health information is confidential. Pertinent details are disseminated to appropriate MSAD 15 staff so they can respond knowledgeably to medical situations and conditions.

Report of Physical Examination

Child's Name _____ Date of Birth _____ Grade _____

Height _____ (_____ %) Weight _____ (_____ %) Hct/Hgb _____ / _____
Pulse _____ Blood Pressure _____ / _____ Urinalysis sp.g. alb glu
Vision (Method of testing _____) Right _____ Left _____ Both _____
Hearing (Method of testing _____) Right _____ Left _____

Allergies _____ Medications _____

	Normal (Ñ)	Abnormal (describe)
Birth	_____	_____
Development	_____	_____
Skin	_____	_____
Posture	_____	_____
Head/Neck	_____	_____
Eyes	_____	_____
Ears	_____	_____
Nose	_____	_____
Mouth/Throat	_____	_____
Chest/Lungs	_____	_____
Heart	_____	_____
Abdomen	_____	_____
Genitalia	_____	_____
Extremities	_____	_____
Reflexes	_____	_____
Neuro Status	_____	_____

Student Name _____

Significant past illnesses or injuries (1) _____ (date _____)
(2) _____ (date _____)
(3) _____ (date _____)

Does this child require restrictions on his/her participation in school, physical education or athletic programs?(Ã one)
No ____ Yes ____ (describe) _____

Comments _____

Dates of most recent immunizations/boosters:

Tetanus _____ Polio _____ MMR _____ HIB _____
HBV _____ Varicella (Chickenpox) _____ or Date of Disease _____
Other _____

“I certify that I have, on this date, examined this student and that, on the basis of the examination requested by the school authorities and the student’s medical history as furnished to me, I have found no reason which would make is medically inadvisable for this student to compete in supervised athletic activities, **except those crossed out below:**”

BASEBALL	FOOTBALL	ROWING	SOFTBALL
TRACK	BASKETBALL	HOCKEY	SKATING
SPEEDBALL	VOLLEYBALL	GOLF	CROSS COUNTRY
SKIING	SWIMMING	WRESTLING	FIELD HOCKEY
GYMNASTICS	SOCCER	TENNIS	OTHER _____

Date of Exam

Health Care Provider’s Signature

Health Care Provider’s Address

Health Care Provider’s Telephone # and Fax #

This information may be released to the school.

Parent/Guardian’s Signature

Please return to:

Sheila Giancola, R.N., BSN
School Nurse

Ann Baiocchi R.N., BSN
School Nurse

Gray-New Gloucester High School
10 Libby Hill Road
Gray, ME 04039
Phone 657-3323
FAX 657-3329

Memorial School
86 Intervale Road
New Gloucester, ME 04260
Phone 926-4322
FAX 926-4324

Dunn School
667 Morse Road
New Gloucester, ME 04260
Phone 657-5050
FAX 657-7068

Gray-New Gloucester Middle School
31 Libby Hill Rd.
Gray, ME 04039
Phone 657-4994
FAX 657-5219

Russell School
8 Gray Park
Gray, ME 04039
Phone 657-4929
FAX 657-2286