

Grade _____

MAINE SCHOOL ADMINISTRATIVE DISTRICT NO. 72
25 Molly Ockett Drive
Fryeburg, Maine 04037
(207) 935-2401 ✦ FAX 935-4470

Nancy Boucher, RN, BSN
School Nurse

PHYSICAL EXAMINATION FORM

PUPIL'S NAME: _____ DATE OF BIRTH _____

PARENT'S NAME _____ ADDRESS _____

EXAMINATION: Height _____ Weight _____ Blood Pressure _____ Pulse _____

General Appearance _____ Throat & Mouth _____

Skin _____ Eyes _____ Nose _____ Ears _____ Teeth _____

Heart _____ Lungs _____ Lymph Nodes _____

Abdomen _____ Hernia _____ Posture _____ Scoliosis _____

Genitalia _____ Menstruation _____ Bones and Joints _____

OPTIONAL TESTS: Urinalysis _____ Blood _____ T.B. _____

RECOMMENDATIONS FOR PHYSICAL EDUCATION AND SPORTS:

Full Program _____ Restricted _____ Other Recommendations _____

IMMUNIZATIONS GIVEN AT THIS TIME:

ALLERGIES:

Insects or Bees _____

Drugs _____

Food _____

PHYSICIAN'S NAME: (please print) _____
(MD - DO - NP - PA)

PHYSICIAN'S SIGNATURE: _____

ADDRESS: _____

DATE OF EXAMINATION: _____

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL NURSE.

M.S.A.D. # 72

SPORTS REQUIREMENT

Physical Examinations are required of all student athletes as a condition of participating in a competitive sports program sponsored by M.S.A.D. No. 72 per the District Policy as printed below.

If your child is planning to participate in sports at the middle school, please be aware that **a physical examination is required of all student athletes** as a condition of participating. Fifth graders can participate in individual sports such as **track, cross country running, nordic skiing, and alpine skiing**

ONLY ONE physical examination is required during the years at the middle school:

**Physical examinations MUST BE DONE AFTER April 30,
prior to the student's current grade year to be accepted.**

The school nurse may request a doctor's statement of health when needed.

The physical examination form should be taken to your choice of medical providers and **returned to the school nurse at the above address (or FAX) before your child may participate in a competitive sport.** The physician's physical form is also acceptable.

In addition, the MOS "***Sports Permission Form***" is required. It will be provided **after** your child has signed up for a sport. This form, which will be *completed for every sport your child plays*, and provides us with several things - permission to play, emergency information, and a health update.

Your child cannot participate in a sport until all necessary paperwork has been completed.

Please feel free to contact the school nurse's office at 207-935-2401 Ext. 1248
if you have any questions.

Forms are available at school, Superintendent's Office,
or www.msad72.org/nurse or <http://moms.msad72.org/sports>

Policy for PHYSICAL EXAMINATIONS

FILE CODE: JJID

A physical examination is required of all student athletes as a condition of participating in a competitive sports program sponsored by the school. After the first year of participation, submission of an interim health history will be sufficient for continued participation except that the school nurse may require further medical consultation for conditions deemed to pose a potential risk to the student or to others.

The physical examination is a responsibility of the individual family and is to be reported on appropriate forms to be provided by the school nurse. The examinations may be done by a **licensed medical doctor, doctor of osteopathy, nurse practitioner, or physician's assistant.**

Adopted: 12/8/93

Reviewed: 12/9/98