

11 Children's Way  
Rockport, ME 04856  
**(207) 236-7809**  
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**Chris Walker-Spencer**  
Principal  
**Katie Bauer**  
Assistant Principal

## PHYSICAL EXAMINATION FORM

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Physical: \_\_\_\_\_

### Examination Data

Height: \_\_\_\_\_ Weight \_\_\_\_\_ BMI: \_\_\_\_\_

Vision Screening: \_\_\_\_\_ Ears: \_\_\_\_\_ Teeth/Oral Hygiene: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Nutrition: \_\_\_\_\_

Allergy: YES / NO

Asthma: \_\_\_\_\_ Known triggers: \_\_\_\_\_ Rescue Inhaler: \_\_\_\_\_

Spinal Screening Results: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Healthy Child with no restrictions on Physical Activity: YES / NO

Remainder of physical exam was found to be normal unless noted below.

Immunizations: The state requires that a physician verified list of immunizations with the full dates listed be in each student's health record. Immunizations attached: YES / NO

Physician: \_\_\_\_\_ Date: \_\_\_\_\_