



GREATER PORTLAND CHRISTIAN SCHOOL

Student Physical Examination Form

To be completed by Healthcare Provider for all New Students, Kindergarteners, and every other year for Gr. 6-12 Athletes

Date of Physical Exam: _____

Student Name _____ Sex _____ Age _____ Date of Birth _____ Grade _____
Height: _____ Weight _____ BP: _____ P: _____ R: _____ Last Tetanus (date)? _____

Medications: _____

Allergies (foods, insects, drugs, latex): _____

▶ HEALTH NEEDS IN SCHOOL

This student has the following problems, which may adversely affect his or her education experience (explain below):

- Cardiac Chronic Disease Physical Dysfunction Hearing Vision Speech/Language
- Behavioral/Social/Emotional/Psychiatric

Is this student on long-term medication Yes No Please specify: _____

Does this student have the knowledge and skill to carry and self-administer this medication? Yes No

Please attach an **EMERGENCY ACTION PLAN** for the following conditions:

- Anaphylaxis (food/sting allergy) Asthma Diabetes Seizure Other: _____

Comments and recommendations (additional information about any of the above conditions/assessments): _____

▶ IMMUNIZATIONS: Up-to-date? Yes No

Please attach a complete immunization record.

Medical Exemption: This student has not received immunizations for medical reasons (specify immunizations): _____

Permanent Temporary (Please specify plan for immunization) _____

▶ HEALTH CARE PROVIDER'S REVIEW

I have reviewed the data above, reviewed the student's medical history and make the following recommendations for his/her participation in the school program/athletics/physical education:

CLEARED WITHOUT RESTRICTIONS: This student may participate fully in the school program, including physical education, activities, sports, and co-curricular activities.

Cleared **AFTER** further evaluation or treatment for _____

Cleared for **LIMITED PARTICIPATION:** Reason(s) and explanation: _____

NOT CLEARED FOR PARTICIPATION: Reason(s) and explanation: _____

Health Care Provider's signature

Date

Health Care Provider's name (print)

Name/Group Practice (print)