



RSU No. 5 Durham - Freeport - Pownal
STUDENT PHYSICAL & ATHLETIC EXAM
For Students Entering PreK K 3rd 6th 9th 11th & all Transfer Students
To the Health Care Provider: Please Complete and Sign
(Physician, Osteopath, Nurse Practitioner, Certified Nurse-Midwife or Physician Assistant)



Student's Name

DOB

GRADE

IMMUNIZATIONS

Please attach a complete Immunization Record.

Student has documented history of Chickenpox Disease? No Yes (If yes, Date: _____)

If student requires a medical exemption for immunizations please submit documentation to school nurse annually

MEDICATION at Home			MEDICATION at School			
This student is on long-term medication <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:			Medication	Dose	Time	Frequency
B/P	Pulse		This student has the knowledge and skill to carry and self-administer this medication. <input type="checkbox"/> Yes <input type="checkbox"/> No			
HT	WT	BMI				

Eye exam completed?: Pass: Fail:

Referred for follow-up vision care?: Yes: No:

HEALTH NEEDS IN SCHOOL

EMERGENCY CONDITIONS (PLEASE attach an ACTION PLAN for the following conditions)

Anaphylaxis (Food /Sting Allergy) Cardiac Asthma Diabetes Seizure Other

Comments / recommendations / additional information _____

HEALTH CONCERNS (explain below)

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

Allergies / Sensitivities / Intolerances _____

History of Concussion (If yes, provide dates) _____

PARTICIPATION

By signing this form the student *may participate* fully in school activities including physical education, sports, and co-curricular activities. If student *may not participate* fully in school programs and needs restrictions/adaptations please attach detailed information to accompany this form.

Student's most recent PHYSICAL EXAM was done on: ____/____/____ (Date)

Signature of Health Care Provider

Name/Group Practice (Please Print)

Phone

Date



Durham - Freeport - Pownal Health Record Requirements



Routine medical care is an important part of insuring that your child is healthy and able to participate to the best of his/her ability in the academic program and classroom activities of their school day, along with a strenuous physical education program, co-curricular activities, and interscholastic sports.

Students entering **Pre-K, Kindergarten, 3rd, 6th, 9th, 11th Grades & Transfers** are required to provide:

1. Their current **IMMUNIZATION RECORD** – copy from their physician.
2. The **STUDENT PHYSICAL EXAM Form** - must be completed & signed by their physician.
This physical form will also cover students participating in the interscholastic sports program.
Transfer Students may show evidence of a Physical Exam completed within the past year.
3. The **STUDENT HEALTH HISTORY** - must be completed for Preschool, Kindergarten and all Transfer students by a parent/guardian.
4. The **ANNUAL HEALTH HISTORY UPDATE Form** – must be completed for all returning students 1st -12th grade.

If you are unable to meet these requirements because of financial, religious, or other considerations, PLEASE contact the School Nurse in your child's school.

HEALTH SERVICES TEAM

Freeport High School

Phone: 865-4706 x4
Fax: 865-2900

Emily Guyer RN, BSN
guvere@rsu5.org

Freeport Middle School

Phone: 865-6051
Fax: 865-2902

Maureen Erskine RN, BSN
erskinem@rsu5.org

Durham Community School

Phone: 353-8249
Fax: 353-2731

Kim Gormely RN, BSN
gormelyk@rsu5.org

Mast Landing School

Phone: 865-4561 x2
Fax: 865-2909

Erika Skiffe RN, BSN
skiffe@rsu5.org

Morse Street School

Phone: 865-6361 x2
Fax: 865-2903

Brooke Rich RN, BSN, MEd
richb@rsu5.org
Shannon Sampson RN, BSN
sampsons@rsu5.org

Pownal Elementary School

Phone: 688-4832 x16
Fax: 688-4872

Abigail Leavitt RN, BSN
leavitta@rsu5.org

RSU No. 5 SCHOOL NURSES have the Maine DOE Certification to work as a School Nurse