



Scarborough Public Schools Health Services
 P.O. Box 370
 Scarborough, ME 04070-0370
 Phone: (207) 730-4100
 Fax: (207) 730-4104

High School Clinic Fax: 730-5196
 Middle School Clinic Fax: 730-4834
 Wentworth School Clinic Fax: 730-4797
 Eight Corners School Fax: 730-5229
 Pleasant Hill School Fax: 730-5251
 Blue Point School Fax: 730-5331

PHYSICIAN'S REPORT OF PHYSICAL EXAMINATION

STUDENT NAME		DATE OF PHYSICAL EXAM	
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D.O.B.		HEIGHT		HEART RATE	
AGE		WEIGHT		BLOOD PRESSURE	
VISION SCREENING	R:	L:	HEARING SCREENING	R:	L:

	NORMAL	ABNORMAL	DESCRIBE ABNORMAL FINDINGS
SKIN			
HEAD/FACE/NECK/SCALP			
EYES/EARS/NOSE			
MOUTH/TEETH/THROAT			
NECK/THYROID			
LYMPH NODES			
RESPIRATORY			
CARDIOVASCULAR			
ABDOMEN			
LIVER			
SPLEEN			
MUSCULOSKELETAL			
NEUROLOGICAL			
GENITOURINARY			
OTHER:			

IMMUNIZATIONS GIVEN TODAY: _____

VARICELLA: Date of disease: _____

PHYSICAL ACTIVITY	UNRESTRICTED	RESTRICTED	PLEASE SPECIFY ALL RESTRICTIONS
PHYSICAL EDUCATION			
SCHOOL SPORTS			

PHYSICIAN NAME (PRINTED)		PHYSICIAN'S PHONE	
PHYSICIAN SIGNATURE		DATE	

PLEASE RETURN THIS COMPLETED FORM TO THE ADDRESS OR FAX LISTED ABOVE