

# LYME-OLD LYME SCHOOLS

Regional School District #18

*A Private School Experience*



*in a Public School Setting*

## Sports Physical Examination Form

Available for download at: [www.region18.org/page.cfm?p=626](http://www.region18.org/page.cfm?p=626)

*STATE OF CONNECTICUT LAW REQUIRES: Pre-school, Kindergarten, Grade 6 & 9 Physical Examinations be recorded on special forms provided by the State and available from the School Nurse.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Grade \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

CODE: N = Normal                      P = Abnormal                      X = Not Examined

Eyes \_\_\_\_\_ Lungs \_\_\_\_\_

Ears \_\_\_\_\_ Orthopedic \_\_\_\_\_

Teeth \_\_\_\_\_ Scoliosis—Positive \_\_\_\_\_ Negative \_\_\_\_\_

Lymph Nodes \_\_\_\_\_ Nervous System \_\_\_\_\_

Thyroid \_\_\_\_\_ Hernia \_\_\_\_\_

Nose \_\_\_\_\_ Nutrition \_\_\_\_\_

Throat \_\_\_\_\_ Skin \_\_\_\_\_

Gums \_\_\_\_\_ Speech \_\_\_\_\_

Heart \_\_\_\_\_ Urinalysis \_\_\_\_\_

Immunization Update: (Specify) \_\_\_\_\_

Significant past medical history and/or pertinent existing conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is permissible for this student to participate in:  
\_\_\_\_\_ Physical Education including competitive sports and strenuous activity  
\_\_\_\_\_ Other (Please Explain) \_\_\_\_\_

Recommendations for or problems relating to total health and development \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Physician, APRN, or PA \_\_\_\_\_ Date \_\_\_\_\_