



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

<b>STUDENT NAME</b>		<b>DATE OF PHYSICAL EXAM</b>	
---------------------	--	------------------------------	--

<b>D.O.B.</b>		<b>HEIGHT</b>		<b>HEART RATE</b>	
<b>AGE</b>		<b>WEIGHT</b>		<b>BLOOD PRESSURE</b>	
<b>VISION SCREENING</b>	R:	L:	<b>HEARING SCREENING</b>	R:	L:

	<b>NORMAL</b>	<b>ABNORMAL</b>	<b>DESCRIBE ABNORMAL FINDINGS</b>
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: \_\_\_\_\_

<b>PHYSICAL ACTIVITY</b>	<b>UNRESTRICTED</b>	<b>RESTRICTED</b>	<b>PLEASE SPECIFY ALL RESTRICTIONS</b>
<b>PHYSICAL EDUCATION</b>			
<b>SCHOOL SPORTS</b>			

<b>PHYSICIAN NAME (PRINTED)</b>		<b>PHYSICIAN'S PHONE</b>	
<b>PHYSICIAN SIGNATURE</b>		<b>DATE</b>	

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