



Student Physical & Athletic Exam

Code: JHPE-E

For students entering PreK, K, 3rd, 6th, and every 2 years at FHS, and transfer students
Completed by: Medical Doctor, Doctor of Osteopathy, Nurse Practitioner, or Physician Assistant

Student Name: _____ DOB: _____ Grade: _____

IMMUNIZATIONS

Please attach a complete Immunization Record with this form.

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

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

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

Eye exam completed: Pass Fail Referred for follow-up vision care? Yes No

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

Chronic Disease Mobility Hearing Vision Behavioral/Social/Emotional Speech/Language

Additional Information: _____

Please list any allergies, sensitivities, or 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 a 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)

Upon entering 9th grade or transferring into FHS, your child's Physical Exam is valid for 2 years from the date of examination. Please be prepared to turn in a new form every 2 years from the date of the last physical.

Signature of Health Care Provider

Name/Group Practice (Please Print)

Phone

Date



Durham - Freeport - Pownal RSU5 Health Record Requirements

- The **STUDENT HEALTH HISTORY / MEDICATION PERMISSION FORM** completed annually by parent/guardian for all students (or complete the demographic/health update in PowerSchool annually).
- Current **IMMUNIZATION RECORD**
- The **STUDENT PHYSICAL EXAM FORM** - completed & signed by MD, DO, NP, or PA.
Students entering Pre-K, Kindergarten, 3rd, 6th, and 9th and every 2 years at FHS & all Transfer students. Upon entering 9th grade or transferring into FHS, a Physical Exam is valid for 2 years from the date of examination and will serve as the athletic clearance.
- **ALLERGY / ASTHMA / DIABETES / SEIZURE plan** updated annually for those diagnosed with those conditions.

If you are unable to meet these requirements because of financial, religious, or other considerations, or if you have any questions/concerns that you would like to discuss, please don't hesitate to contact your building school nurse:

HEALTH SERVICES TEAM

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