

RSU 1
STUDENT PHYSICAL & ATHLETIC EXAM

Required annually for all extracurricular athletics and intramural sports programs

Recommended for PreK, K, 6th & 9th graders

TO BE COMPLETED BY HEALTH CARE PROVIDER: Physician, Osteopath, Nurse Practitioner, or Physician Assistant

Student's Name

Sex Assigned at Birth

Date of Birth

Grade

IMMUNIZATIONS

Attach a complete Immunization Record.

Student had a documented history of Chickenpox Disease? ☐ YES ☐ NO Date: _____

Medical Exemption: This student has not received immunizations for medical reasons. *(Specify immunizations)*

SCREENING	DATE	MEDICATION at School (Authorization to Administer Medication at School form required)			
Annual Physical					
Lead		Medication	Dose	Time	Frequency
Hgt/Hct					
Hearing					
Vision		MEDICATION at Home			
VITALS		This student is on long-term medication. <input type="checkbox"/> Yes <input type="checkbox"/> No Please specify:			
B/P	Pulse				
HT	WT				

HEALTH NEEDS IN SCHOOL

EMERGENCY CONDITION (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 ☐ Toileting ☐ Other _____

☐ Allergies / Sensitivities / Intolerances _____

☐ History of Concussion (provide dates) _____

PARTICIPATION

☐ Student *may participate* fully in school activities including physical education, sports, and co-curricular.

☐ Student *may not participate* fully in the school program and has the following restriction/adaptation (specify):

Signature of Health Care Provider

Name/Group Practice (Please Print)

Phone

Date

RSU 1 Health Services

Routine medical care is an important part of ensuring that your student 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.

HEALTH RECORD REQUIREMENTS

If you are unable to meet these requirements, PLEASE contact the School Nurse in your student's school.

IMMUNIZATION RECORD

- Current immunization records from a Health Care Provider are required for all students.
- An updated immunization record should be provided when new immunizations are administered.
- State of Maine Immunization Requirements are designated in RSU 1 School Board Policy #JLCB.

STUDENT PHYSICAL & ATHLETIC EXAM

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STUDENT HEALTH HISTORY

- To be completed by Parent/Guardian for PreK, K, and Transfer Students.

STUDENT ANNUAL HEALTH UPDATE

- To be completed by Parent/Guardian annually for all students.

MEDICATION POLICY

According to Maine State Law and RSU 1 Medication Policy, no medications other than the physician approved medications listed below under *First Aid and Emergency Treatment* are allowed during school hours unless the following requirements are met annually:

1. All medications, prescription and over-the-counter, must be supplied by the parent/guardian in the original container to the nurse's office. A second bottle is required from the pharmacy for field trips.
2. Written authorization from the student's parent/guardian and physician is required.
3. Parents/guardians are responsible for refills, and bringing medications to and from school.
4. Uncollected medication will be discarded at the end of the school year.

More information on RSU 1 Medication Policies can be found in Policy #JLCD and #JLCD-E under Board policies RSU 1 website.

FIRST AID and EMERGENCY TREATMENT

The school physician, Dr. Amina Hanna, has provided RSU 1 with written orders for the following to be used for first aid and emergency treatment. **Please notify the school nurse in writing if you do not want your child to be treated with any of the following:**

Medicine Swabs	Hydrocortisone cream	Bacitracin ointment	Sunscreen
Medicated lip ointment/ vaseline	Isopropyl alcohol	A+D Ointment	Chloraseptic throat spray
Calamine lotion/Callergy Clear	Calomoseptine ointment	Isotonic eyewash	Clotrimazole cream
Sore throat lozenges/mouthwash	Miconazole nitrate	Self-access to hand sanitizer	Aloe Vera Gel
Benzalkonium Chloride/BZK antiseptic		Epinephrine/Benadryl (for severe allergic reaction/anaphylaxis)	
Grades 9-12 only:	Calcium Carbonate/TUMS tablets	Lidocaine cream	Cough drop/suppressant

HEALTH SERVICES TEAM

RSU 1 SCHOOL NURSES have the Maine DOE Certification to work as a School Nurse.

MORSE HIGH SCHOOL/ BATH TECH

Grades 9-12

Phone: 207-443-8250

Fax: 207-442-9813

Katrina Barter, BSN, RN

kbarter@rsu1.org

FISHER-MITCHELL SCHOOL

Grades 3-5

Phone: 207-443-8265

Fax: 207-386-1278

Ricki (Erica) Waltz, BSN, RN

ewaltz@rsu1.org

BATH MIDDLE SCHOOL

Grades 6-8

Phone: 207-443-8270

Fax: 207-386-1744

Diana Hixon, MEd, BSN, RN

dhixon@rsu1.org

DIKE-NEWELL SCHOOL

Grades PreK-2

Phone: 207-443-8285

Fax: 207-443-8288

Dawn Dill, BSN, RN

ddill@rsu1.org

WOOLWICH CENTRAL SCHOOL

Grades PreK-8

Phone: 207-443-9739

Fax: 207-443-9792

Megan Bullock, BSN, RN

mbullock@rsu1.org

PHIPPSBURG ELEMENTARY SCHOOL

Grades PreK-5

Phone: 207-389-1514

Fax: 207-389-1516

Brandi Tainter, MHA, BSN, RN

btainter@rsu1.org