



RSU No. 5 Durham - Freeport - Pownal
STUDENT PHYSICAL & ATHLETIC EXAM
 For Students Entering PreK K 3rd 6th 9th 11th & all Transfer Students
To the Health Care Provider: Please Complete and Sign
 (Physician, Osteopath, Nurse Practitioner, Certified Nurse-Midwife or Physician Assistant)



Student's Name _____

DOB _____

GRADE _____

IMMUNIZATIONS

Please attach a complete Immunization Record. Is this student's record in ImmPact? Yes No

Student has a documented history of Chickenpox Disease? No Yes _____ Last Tetanus? _____
Date Date

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

Permanent Temporary (*Specify plan for immunization*) _____

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

HEALTH NEEDS IN SCHOOL

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 (*explain below*)

Chronic Disease Physical Dysfunction Hearing Vision Behavioral/Social/Emotional Speech/Language

Allergies / Sensitivities / Intolerances _____

History of Concussion (If yes, provide dates) _____

PARTICIPATION

Student *may participate* fully in the 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*): _____

Student's most recent PHYSICAL EXAM was done on: ____/____/____ (Date)

Signature of Health Care Provider _____

Name/Group Practice (Please Print) _____

Phone _____

Date _____



Health Record Requirements

Routine medical care is an important part of insuring that your child 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.

Students entering **Pre-K, Kindergarten, 3rd, 6th, 9th, 11th Grades & Transfers** are required to provide:

1. Their current **IMMUNIZATION RECORD** – copy from their physician.
2. The **STUDENT PHYSICAL EXAM Form** - must be completed & signed by their physician. This physical form will also cover students participating in the interscholastic sports program. Transfer Students may show evidence of a Physical Exam completed within the past year.
3. The **STUDENT HEALTH HISTORY** - must be completed for Preschool, Kindergarten and all transfer students by parent/guardian.
4. The **ANNUAL HEALTH HISTORY UPDATE Form** – must be completed for all returning students 1st - 12th grade.

If you are unable to meet these requirements because of financial, religious, or other considerations, PLEASE contact the School Nurse in your child's school.

HEALTH SERVICES TEAM

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Pownal Elementary School

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RSU No. 5 SCHOOL NURSES have the Maine DOE Certification to work as a School Nurse