HEALTH SERVICES

RSU23 ~ Old Orchard Beach Schools

Sports Physical Exam ~ Loranger Middle School & Old Orchard Beach High School Code: Normal - O Code: Needs attention - X

| School: | | Grade: | |
|---|-------------|--------|--|
| Student Name: | DOB: | | |
| Last First | Middle | | |
| Height: Weight: | BP: | Pulse: | |
| Date of Last Physical Exam: | | | |
| Immunizations and Tetanus up-to-date: Yes | No Comment: | | |
| Any recent unexplained weight gain or loss? | | | |
| Any unusual or persistent muscle or joint pain? | | | |
| General appearance, Nutritional state, Vitality: | | | |
| Skin (Pallor, condition): | | | |
| Head: | Eyes: | | |
| Nose: | Ears: | | |
| Mouth (Teeth & Mucus Membrane): | Throat: | | |
| Neck (Lymph nodes & Thyroid): | | | |
| Heart: | Lungs: | | |
| Hernia: | | | |
| Posture and extremities (Including skeletal abnormalities | es): | | |
| Neurological: | | | |
| | | | |
| Is this child capable of carrying a full program of schoo | | | |
| Unrestricted: Restricted (Explain): | | | |
| May not participate ~ Needs follow-up: | | | |
| Remarks: | | | |
| Medical Provider Address: | | | |
| Medical Provider Phone #: | | | |

Please return this form to the HS Athletic Director (Dean Plante), LMS AD (George Shabo) School Nurse (Karen Michaud. RN) or your Coach as soon as possible. Mailing address: 40 E.E.Cummings Blvd. Old Orchard Beach, ME 04064 High School Fax: 207-934-3705/ MS Fax 207-934-3712















