



# North Yarmouth Academy

## PHYSICAL EXAMINATION

Date of Exam: \_\_\_\_\_

Student: \_\_\_\_\_ Current/Entering grade \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ P: \_\_\_\_\_ R: \_\_\_\_\_ Temp: \_\_\_\_\_ HCT/HGB: \_\_\_\_\_

ALLERGIES: Medications: \_\_\_\_\_ Reaction: \_\_\_\_\_  
Food: \_\_\_\_\_ Reaction: \_\_\_\_\_  
Bees/Insects: \_\_\_\_\_ Reaction: \_\_\_\_\_  
Other: \_\_\_\_\_ Reaction: \_\_\_\_\_  
 ASTHMA: \_\_\_\_\_ Epi-pen at school: Yes \_\_\_\_\_ No \_\_\_\_\_  
 \_\_\_\_\_ Inhaler at school: Yes \_\_\_\_\_ No \_\_\_\_\_

### Immunizations in the past 3 years/today

EXAM	Normal	Abnormal	Not Examined	Comments
Appearance				
Skin				
Head				
Ears				
Eyes				
Nose/Throat				
Mouth/Teeth				
Respiratory				
Cardiovascular				
General Nutrition				
Gastrointestinal				
Abdomen				
Genitourinary				
Neuro – Muscular				
Metabolic/ Endocrine				
Emotional Status				
Other				

**MEDICATIONS:** If prescription medication is required during school hours or during activities that are school sponsored (i.e. field trips and athletic events) a signed order from a physician is required to be on file at the school's Health Service Office. A signed prescription is acceptable in lieu of the form provided by the school. No student is allowed to carry medication with them unless ordered by a physician. Acceptable medications for students to carry with a physician order are inhalers and epi-pens; other medications must be discussed and approved by the Health Service Office.

MEDICATION	Dose & Frequency	Purpose	Home	School

Any additional information or comments? \_\_\_\_\_

Is the student capable of physical activity and full participation in a competitive athletic program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, WHY: \_\_\_\_\_

Name of health professional who performed exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Health Professional: \_\_\_\_\_ Date: \_\_\_\_\_