

Camden Hills Regional High School

**PHYSICAL EXAMINATION FORM**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Physical: \_\_\_\_\_

**Examination Data:**

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BMI: \_\_\_\_\_

VISION SCREENING: \_\_\_\_\_ EARS: \_\_\_\_\_

BLOOD PRESSURE: \_\_\_\_\_ NUTRITION: \_\_\_\_\_

HISTORY of ALLERGY: \_\_\_\_\_

ASTHMA: \_\_\_\_\_ TRIGGERS: \_\_\_\_\_ MEDS: \_\_\_\_\_

GENITALIA (MALES): \_\_\_\_\_ MENSTRUATION: \_\_\_\_\_ TANNER: \_\_\_\_\_

SPINAL SCREENING RESULTS \_\_\_\_\_

KNOWN MEDICAL CONDITIONS: \_\_\_\_\_

STUDENT ON **ANY** ROUTINE MEDICATIONS:

\_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_

HEALTHY CHILD WITH NO RESTRICTIONS ON PHYSICAL ACTIVITY \_\_\_\_\_

**Remainder of physical exam was found to be normal unless noted below:**

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATIONS: The state requires that a physician-verified list of immunizations with the full dates noted be included in each student's health record. If this has not previously been sent, please enclose it with this form.**

Physician: \_\_\_\_\_ Date \_\_\_\_\_

Phone \_\_\_\_\_

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

\_\_\_\_\_

**Kimberly Nicolet, School Nurse**  
**Camden Hills Regional High School**  
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