

**EASTERN AROOSTOOK RSU
PRE-PARTICIPATION PHYSICAL FORM**

Name _____ Date of Birth ____ / ____ / ____
 Male _____ Female _____ Current Grade _____ School _____
 Full Address: _____ Phone _____
 Parents _____ Family Doctor _____

Has your child been treated for any of the following:

Yes	No	Condition	Explain
		Allergies	
		Asthma/inhaler	
		Back Pain	
		Blood in stool	
		Blood in urine	
		Chest Pain	
		Concussion	
		Constipation	
		Cough or Wheezing	
		Chronic Illness	
		Diabetes	
		Diarrhea	
		Dizziness/Fainting Spells	
		EPI-PEN	
		Family History-sudden death	
		Headaches	
		Heart Disease	
		Heart Murmur/Condition	
		Heatstroke/exhaustion	
		Hospitalizations	
		Injuries	
		Joint Pain	
		Medications -- please list	
		Menstrual Problems	
		Muscular/Skeletal Condition	
		Pain with urination	
		Seizures	
		Serious injuries	
		Sleep disorders	
		Spit/Vomit blood	
		Stomach Ache	
		Surgery	
		Other	

If there are any changes throughout the year, please call the nurses office at 493-4255.

I give my permission for the above named student to participate in sports and for the school nurses to exchange information with the appropriate athletic director and/or coach regarding medications, immunizations and emergency care.

Signature of Parent/Guardian _____ **Date** _____

PHYSICAL EXAM - (To be completed by physician)

Name _____ Age _____ Male _____ Female _____

Grade _____ Height _____ Weight _____ BMI _____

Heart Rate: _____ Blood Pressure: _____ Respiratory Rate: _____

Ear, Nose, and Throat: _____

Chest: _____

Cardiovascular System: _____

Abdomen: _____

Hernias (male only): _____

Musculoskeletal: _____

Skin: _____

Vision: OU _____ OD _____ OS _____ Glasses: YES _____ NO _____

Urine if applicable

Date _____

Leukocytes _____

Nitrite _____

Protein _____

PH _____

Blood _____

Ketone _____

Glucose _____

Immunizations Given _____

PLEASE CHECK ONE:

Full Program _____ **Restricted** _____ **Not Capable** _____

Limitations recommended by physician _____

Doctor's Signature _____ Date _____

Doctor's Name _____

PLEASE TYPE OR PRINT

Address _____ Phone _____