

OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

SAU#5 36 Coe Drive, Durham, NH 03824 (603-868-5100)

Student's Name: _____ DOB: _____ Grade: _____

Instructions for Parent/Guardian: Please have your child's Medical Provider complete this form and return it to the school. A physical exam is required to be on file with the School Nurse for school entrance, entering 5th grade, entering 9th grade, and periodically for sports participation.

Height: _____ Weight: _____ BMI: _____

Scoliosis Screen: _____ BP: ____/____ Pulse: _____ Respirations: _____

Vision: Far Left ____/____ Right ____/____ Both ____/____ [with glasses/ without glasses]

Near Left ____/____ Right ____/____ Both ____/____ [with glasses/ without glasses]

Hearing: [P= pass; F= fail] Left _____ @ _____ dB Right _____ @ _____ dB

Complete each line	Normal	Abnormal	Needs Follow-Up	Not Examined
Lead Level				
Skin/Scalp				
Nutrition				
Neurological & Muscular				
Spine & Extremities				
Eyes				
Ears				
Nose, Throat, mouth				
Glands (including Thyroid)				
Chest, Breasts				
Heart, Lungs				
Abdomen				
Genitalia				

A. Any chronic illness that may require **medication** or special accommodations in school (e.g. seizure disorder, food allergies, asthma)? **Note: Medication taken during school hours requires a written physician's order.**

B. Pertinent past family/medical history?

C. Developmental/Psychological/Emotional Assessment:

D. Updates in Immunization Boosters given: *Please Attach Complete and Updated Immunization Record*

The above named patient has been determined to be in good health and may participate in school and school sports, with:

No restrictions: _____ Restrictions: _____ Date of Exam: _____

Licensed provider's Signature: _____ Date: _____

Licensed provider's name: (Please Print) _____ Phone: _____

Schools: Mastway Elementary 603-659-3001, FAX 603-659-8612
Oyster River Middle 603-868-2155, FAX 603-868-3469

Moharimet Elementary 603-740-8585, FAX 603-742-7569
Oyster River High School 603-868-2375, FAX 603-868-1355