

## 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 5<sup>th</sup> grade, entering 9<sup>th</sup> 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