

WINDHAM SCHOOL HEALTH SERVICES
PHYSICAL EXAM SPORTS SCREENING

STUDENT'S NAME _____ DOB _____
PARENT'S NAMES _____ GRADE _____

Height _____ Weight _____ B/P _____ Pulse _____
Vision: Rt _____ Lt _____ Hearing: Rt _____ Lt _____

General Appearance _____
HEENT _____
Lungs _____
Abdomen _____
Spleen _____
Spine/Posture _____
Genitalia _____
Skin _____
Lymph Nodes _____
Heart _____
Liver _____
Musculoskeletal _____
Neurological _____
Hernia _____

TESTS (If indicated) Hgb/Hct _____ Urinalysis _____ PPD _____
Immunizations _____ Date given _____
History of Chicken Pox or Date of Varicella Vaccine _____

Based on my examinations this student's eligibility for sports is:

Unrestricted _____ Restricted _____ Denied _____

Comments:

Physician's name printed _____

Physician's signature _____

DATE OF EXAM _____

Please mail or fax to:

School Nurse
Windham Middle School, 408 Gray Road, Windham, ME 04062
Telephone 892-1820 FAX 892-1826 or

School Nurse
Windham High School, 406 Gray Road, Windham, ME 04062
Telephone 892-1810 FAX 892-1813

PHYSICAL EXAMS ARE CURRENT FOR TWO YEARS