

Sturgis Charter Public School



An International Baccalaureate Diploma School

PHYSICAL EXAMINATION POLICY & FORM

All incoming students must submit a physical exam with immunization records to the health office within one month of the start of the school year or school entry.

Physical examinations should be as current as possible. As mandated by the Department of Public Health the physical examination date has to be completed no more than one calendar year prior to your child's first day at Sturgis. If it has been more than one year since your child's last physical exam the school requires a new physical exam within thirty days after entry. In addition, exams are required annually before participating in competitive sports or if specifically requested by parents or the health office.

For your convenience a physical exam form is attached.

MASSACHUSETTS SCHOOL HEALTH RECORD

Health Care Provider's Examination

Name _____ Male Female Date of Birth: _____

Medical History _____

Pertinent Family History

Current Health Issues

Y N
 Allergies: Please list: Medications _____ Food _____ Other _____
History of Anaphylaxis to _____ Epi-Pen®: Yes No
 Asthma: Asthma Action Plan Yes No (Please attach)
 Diabetes: Type I Type II
 Seizure disorder: _____
 Other (Please specify) _____

Current Medications (if relevant to the student's health and safety) Please circle those administered in school; a separate medication order form is needed for each medication administered in school.

Physical Examination

Date of Examination: _____

Hgt. _____ (____%) Wgt. _____ (____%) BMI: _____ (____%) BP: _____

(Check = Normal / If abnormal, please describe.)

General _____ Lungs _____ Extremities _____
 Skin _____ Heart _____ Neurologic _____
 HEENT _____ Abdomen _____ Other _____
 Dental/Oral _____ Genitalia _____

Screening:

(Pass) (Fail) (Pass) (Fail) (Pass) (Fail)
Vision: Right Eye Hearing: Right Ear Postural Screening:
Left Eye Left Ear (Scoliosis/Kyphosis/Lordosis)
Stereopsis

Laboratory Results: Lead _____ Date _____ Other _____

The entire examination was normal:

Targeted TB Skin Testing: Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):

Date of PPD: _____; Results: _____ mm.

Referred for evaluation to _____ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:

Vision Hearing Speech/Language Fine/Gross Motor Deficit
 Emotional/Social Behavior Other

Comments/Recommendations:

Y N This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions: _____

Y N Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record.

Signature of Examiner Circle: MD, DO, NP, PA Date _____

Please print name of Examiner.

Group Practice _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Please attach additional information as needed for the health and safety of the student.

MDPH 12/14/04