

Pine Tree Academy Student Physical



This form must be completed and signed by a physician. Physicals are required by the State of Maine for all new students and students entering grades Pre-K, K, 1, 4, 7 and 9.

Student Name: _____ DOB: _____

Address: _____ Phone: _____

Family Physician: _____
Street City State Zip

Physician's Address: _____ Phone: _____
Street City State Zip

Family History:

Father's Age: _____ Mother's Age: _____ Siblings Age(s): _____

Any Significant Family Medical History: _____

Student History:

General Physical Development of Student: _____

Allergies: _____ Severity: _____

Operations: _____

Prescriptions (list prescription, dosages and reason for use): _____

History of treatment by a psychiatrist, psychologist or family doctor for mental or nervous disorder (include dates, names and addresses of physicians): _____

General physical condition: Poor Fair Average Good Excellent

Is there any reason this student should not participate in the school physical education program? _____

Date of last eye exam: _____ Contact lens use: Yes No

Date of last dental exam: _____ Date of last Tetanus shot/booster: _____

Immunizations: (Please complete dates and ATTACH a copy of immunization records)

DTaP/DT/DTP					
OPV					
MMR					
Varicella (start 2003)					

Abnormal Serum Reactions: No Yes, Explain: _____

Physician comments: _____

Physician Signature: _____ **Date:** _____