

**MSAD #16 Hall-Dale Schools
Hallowell/ Farmingdale, ME**

SCHOOL PHYSICAL EXAMINATION

Name: _____ Birthdate: _____

Name of Parent/Guardian: _____

Address: _____ Tel: _____

Past Medical History _____

Allergies _____

Hygiene _____ Skin _____

Nutrition _____ Dentition _____

HEENT _____

Heart _____ Lungs _____

Abdomen _____ Hernia _____

Skeletal _____ Scoliosis _____

Genitalia _____ Circulation _____

Neuro _____ Ht _____ Wt _____

Urine dip _____ Vision _____ Hearing _____

Is there any reason for exclusion from regular physical education or school athletics?

Remarks: _____

Date: _____

Signature of Health Care Provider

Please print name of Health Care Provider

Please list immunizations given since entering school; with complete dates.

IMMUNIZATIONS

DATE(S)
