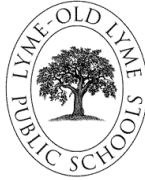


LYME-OLD LYME PUBLIC SCHOOLS

Small Schools, Big Ideas



Challenging * Achieving * Excelling

REGION #18

Sports Physical Examination Form

Available for download at: www.region18.org/page.cfm?p=626

STATE OF CONNECTICUT LAW REQUIRES: Pre-school, Kindergarten, Grade 6 & 9 Physical Examinations be recorded on special forms provided by the State and available from the School Nurse.

Name _____ Date of Birth _____ School _____

Grade _____ Height: _____ Weight: _____ Blood Pressure: _____

CODE: N = Normal P = Abnormal X = Not Examined

Eyes _____ Lungs _____

Ears _____ Orthopedic _____

Teeth _____ Scoliosis—Positive _____ Negative _____

Lymph Nodes _____ Nervous System _____

Thyroid _____ Hernia _____

Nose _____ Nutrition _____

Throat _____ Skin _____

Gums _____ Speech _____

Heart _____ Urinalysis _____

Immunization Update: (Specify) _____

Significant past medical history and/or pertinent existing conditions _____

It is permissible for this student to participate in:

_____ Physical Education including competitive sports and strenuous activity

_____ Other (Please Explain) _____

Recommendations for or problems relating to total health and development _____

Signature of Physician, APRN, or PA _____

Date _____