

SANDY SPRING FRIENDS SCHOOL PHYSICAL EXAM FORM 2008-2009

Student's Name _____

Grade in Sept. _____

Sandy Spring Friends School is charged with the responsibility for the physical well being of your child while s/he is engaged in activities and programs throughout the school day. Depending on age, these activities may include, but are not limited to; physical education classes, field trips, camping trips, intersession activities, interscholastic and intramural sports. In order to meet these responsibilities, we ask for your prompt attention in completing and returning the following information. **Please note – the following students must have a physical exam for this school year; students new to the school, students with pre-existing medical conditions, students entering 3rd, 6th, and 9th grade, and any students participating in interscholastic sports. AN UP-TO-DATE PHYSICAL EXAM MUST BE ON FILE BEFORE A STUDENT WILL BE ALLOWED TO PARTICIPATE IN PRACTICE OR GAMES.**

*This section **MUST** be completed by Physician or Nurse Practitioner*

A. Does this student have any medical problem or condition of which the school should be aware?

Yes, please explain: _____

No

B. Has this student had any changes in weight or nutritional status?

Yes, please explain: _____

No

Height	Weight
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C. Do you consider this student physically able to engage in all school activities including interscholastic sports and PE?

Yes

No, please explain: _____

D. Results of TB test

Positive (if positive what therapy was provided)

Negative _____ mm Date placed _____ Date read _____

E. Does this student have scoliosis?

Yes (please describe treatment): _____

No

F. Please list any allergies _____

G. Date of last tetanus booster _____

Signature of Physician _____

Printed name of Physician _____

Date _____

Physician phone # _____
