

Roland Park Country School

5204 Roland Avenue Baltimore, Maryland 21210

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Physical Examination Form: to be completed by physician

Student Name _____ Birth Date _____

Date of exam _____ *Must be after 8/1/08 Ht _____ Wt _____ BP _____

Date of tetanus booster _____ immunizations in past year _____

Significant health history/physical findings/current conditions _____

Current medications _____

Known allergies: foods/insect stings/medications Yes No

Please list _____

EpiPen indicated Yes No

- If yes, complete an Allergy Action Plan, available by contacting the School Nurse

For inhaler usage only:

Condition for which inhaler is being administered _____

Medication name, dosage and frequency of administration _____

If prn, for what symptoms is inhaler to be administered _____

Does this student have authorization to self administer? Yes No

Are there any psychological or physical issues which may interfere with her performance at school? _____

Recommendation for physical activity and participation in sports:

Full participation Limited participation (explain) _____

Physician's signature
(May NOT be the child's parent/ guardian)

Date

Printed Physician's name/stamp

Phone

All health forms are due August 1st. No student may attend classes, tryouts, rehearsals or practices until forms have been received and reviewed by the School Nurse. 48 hours are required to process health forms.