

COLCHESTER SCHOOL DISTRICT

Dear Parents,

The Colchester School District's Student Health Policy strongly recommends that each student entering our school system for the first time have a physical examination. This policy recognizes the importance of the family physician in identifying health problems, prescribing appropriate medication, and providing a link between a child's medical needs and our school health care professionals. Although physical exams completed during the past three months are acceptable, all parents of new students should request that their physicians complete the form on the opposite side of this letter. Please return this form to:

Deborah M. Deschamps, R.N./B.S.N.
District Supervisor of Building Nurses
Colchester School District
P.O. Box 900
Colchester, VT 05446

Any students who participate in intramural or interscholastic sports are also addressed in this district policy. Their requirement is to produce evidence of a thorough physical examination conducted by their family physician every two years.

On behalf of the Colchester Board of Education, we thank you for your cooperation and compliance with the specifics of this important school district policy.

Sincerely,

Deborah M. Deschamps, R.N./B.S.N.
District Supervisor of Building Nurses

Lawrence Waters
Superintendent of Schools

**COLCHESTER SCHOOL DISTRICT
MEDICAL EXAMINATION FORM**

Student Name: _____ Student #: _____
 Date of Birth: _____ Male _____ Female _____ School: _____ Grade: _____
 Student Address: _____ Phone #: _____

To be Completed by Physician:

Immunization Record (month/day/year)

	<u>Month/Day/Year</u>				
DTaP/DTP	_____	_____	_____	_____	_____
DT/TD	_____	_____	_____	_____	_____
IPV/OPV	_____	_____	_____	_____	_____
HIB	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Varicella	_____	_____	_____	_____	_____
Hep B	_____	_____	_____	_____	_____
Pevnar	_____	_____	_____	_____	_____
Meningitis	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Height: _____
 Weight: _____
 Vision: _____
 Hearing: _____
 Blood Pressure: _____
 Hemoglobin or Hematocrit: _____
 Urinalysis: _____

Physical Examination

Scalp, Skin, Hair _____
 Nose and Throat _____
 Teeth and Gums _____
 Thyroid Gland _____
 Lymph Nodes _____
 Heart _____
 Lungs _____
 Abdomen _____
 Bones and Joints _____
 Muscle Tone _____
 Posture _____
 Nervous System _____
 Genitalia _____
 Nutrition _____
 Hernia _____
 Orthopedic _____
 General Physical Status _____
 General Emotional Status _____
 Other _____

Significant Medical History/Handicaps Comments (Attach separate sheet if necessary):

This child may participate in:

- _____ a. Full physical activity including physical education.
- _____ b. Modified physical activity because of _____

- _____ c. Limited physical activity because of _____

 Signature _____ M.D. Examination Date _____

 Address _____