

**GORHAM SCHOOL DEPARTMENT HEALTH OFFICE  
PHYSICAL EXAMINATION FORM**

PLEASE HAVE YOUR PHYSICIAN COMPLETE THIS FORM AND RETURN TO:

- \_\_\_ Narragansett School, 284 Main Street, Gorham, Maine 04038 FAX 839-5018
- \_\_\_ Great Falls School 73 Justice Way, Gorham, Maine 04038 FAX 892-6301
- \_\_\_ Village School, 12 Robie Street Gorham, Maine 04038 FAX 839-5029
- \_\_\_ Gorham Middle School, 106 Weeks Rd, Gorham, ME 04038 FAX 839-4092
- \_\_\_ Gorham High School 41 Morrill Ave., Gorham, Maine 04038 FAX 839-7742

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

SKIN	POSTURE
EARS	HERNIA
EYES	HEIGHT
TEETH	WEIGHT
HEART	URINE (if indicated)
LUNGS	HEMOGLOBIN (if indicated)
BLOOD PRESSURE	ALLERGIES

**Provide complete dates(month, day and year) for all immunizations( you may attach a complete immunization record to this form):**

DPT: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ Tdap \_\_\_\_\_  
POLIO: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_  
MMR: 1 \_\_\_\_\_ 2 \_\_\_\_\_ MEASLES: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
MUMPS: 1 \_\_\_\_\_ 2 \_\_\_\_\_ RUBELLA: 1 \_\_\_\_\_ 2 \_\_\_\_\_  
Varivax1 \_\_\_\_\_ 2 \_\_\_\_\_ HBV1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ Other \_\_\_\_\_

Please list all medications this student takes and for what diagnosis:

\_\_\_\_\_  
List any physical limitations or restrictions:

\_\_\_\_\_  
DATE OF EXAM: \_\_\_\_\_ DOCTOR'S SIGNATURE: \_\_\_\_\_