

# Roland Park Country School

5204 Roland Avenue Baltimore, Maryland 21210 Tel: 410-323-5500; FAX: 410-323-2164

## PHYSICAL EXAM FORM 2015-2016: to be completed by physician

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Date of examination \* \_\_\_\_\_ Date last tetanus booster \_\_\_\_\_  
HT \_\_\_\_\_ WT \_\_\_\_\_ BMI \_\_\_\_\_ BP \_\_\_\_\_

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Significant health history/physical findings/injuries/ current conditions \_\_\_\_\_

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Current medications(name,dosage, frequency) \_\_\_\_\_

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**Known allergies: foods/insect stings/medications** Yes  No

**Please list** \_\_\_\_\_

EpiPen indicated No  Yes  ★If yes, please complete a Food Allergy & Anaphylaxis Emergency Plan

★Available from the School Nurse or to *download*: <http://www.foodallergy.org/document.doc?id=234>

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**For inhaler usage only:** Type of asthma/RAD \_\_\_\_\_

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 her inhaler? Yes  No

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

Clearance for physical education, dance and participation in athletics:

Full participation  Limited participation  (explain) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
phone number/stamp

**\*RPCS reserves the right to not accept physical exam forms with the date of examination prior to August 1, 2014 ( recorded under student name at top of page).**