SHREWBURY PUBLIC SCHOOLS HEALTH OFFICE
DISTRICT PROCEDURE FOR PHYSICAL EXAMS

A periodic physical examination is critically important for all children and adolescents, and especially for those who do not have primary care providers. The physical examination is crucial for preventative, diagnostic, or corrective purposes. **It is recommended that each time your child goes for a physical exam, that a copy be submitted to your school nurse to keep the school health record current.**

Massachusetts General Law c.71, s. 57 and related amendments and regulations (105 CMR 200.000-209.920) require physical examinations of school children within one year prior to entrance to school or within 30 days after entry, and at intervals of either three to four years thereafter.

For athletes, physical examinations are required every 13 months before participating in competitive sports. NOTE: Should a physical exam expire, even if it is mid-season, the athlete is no longer eligible to play until a current physical exam has been submitted (MIAA regulation). In addition, physical examinations are required annually for children between 14 and 16 years of age requesting work permits, and when specifically requested by parents and teachers.

The Shrewsbury Public School District Procedure: Parents/guardians must submit written physician's documentation of their child's physical at these intervals or their child will be excluded from school until such documentation is provided. Parents/guardians of these children will be notified of the physical examination requirement via mailings, newsletters or by telephone well in advance of the exclusion date.

The school health program encourages the performance of the health assessment by the student's primary care provider, but will however provide exams to those students who do not have health insurance. The School Committee is required to provide the services of a school physician to carry out physical exams on children who do not have access to a primary care provider **(M.G.L. c. 71,s.53and 57).** The school nurses will make every effort to link a child with a primary care provider and to enroll the child in a health insurance program. Public health insurance programs, such as MassHealth, make it possible for all children to have access to health insurance.

Revised: 8/2013- pfm

MASSACHUSETTS SCHOOL HEALTH RECORD
Health Care Provider's Examination

Name _____ ☐ Male ☐ Female Date of Birth:_____
Medical History _____
_____

Pertinent Family History

Current Health Issues

Y	N	
☐	☐	Allergies: Please list: Medications _____ Food _____ Other _____
		History of Anaphylaxis to _____ Epi-Pen®: ☐ Yes ☐ No
☐	☐	Asthma: Asthma Action Plan ☐ Yes ☐ No (*Please attach*)
☐	☐	Diabetes: ☐ Type I ☐ Type II
☐	☐	Seizure disorder: _____
☐	☐	Other (*Please specify)* _____

Current Medications (if relevant to the student's health and safety) *Please circle those administered in school; a separate medication order form is needed for each medication administered in school.*

Physical Examination **Date of Examination:**_____

Hgt: _____(_____%) Wgt:_____(_____%) BMI: _____(_____%) BP: _____

(Check = Normal / If abnormal, please describe.)

☐ General _____	☐ Lungs _____	☐ Extremities _____
☐ Skin _____	☐ Heart _____	☐ Neurologic _____
☐ HEENT _____	☐ Abdomen _____	☐ Other _____
☐ Dental/Oral _____	☐ Genitalia _____	

Screening:

	(Pass)	(Fail)
Vision: Right Eye	☐	☐
Left Eye	☐	☐
Stereopsis	☐	☐
Hearing: Right Ear	☐	☐
Left Ear	☐	☐
Postural Screening: (Scoliosis/Kyphosis/Lordosis)	☐	☐

Laboratory Results: ☐ Lead _____ Date _____ ☐ Other_____

The entire examination was normal: ☐

Targeted TB Skin Testing: ☐ Med-to-High risk (exposure to TB; born, lived, travel to TB endemic countries; medical risk factors):
Date of PPD: ____; Results: ____mm.
Referred for evaluation to: _____ ☐ Low risk (no PPD done)

This student has the following problems that may impact his/her educational experience:
☐ Vision ☐ Hearing ☐ Speech/Language ☐ Fine/Gross Motor Deficit
☐ Emotional/Social ☐ Behavior ☐ Other

Comments/Recommendations:_____

☐Y ☐ N **This student may participate fully in the school program, including physical education and competitive sports. If no, please list restrictions:**_____

☐ Y ☐ N **Immunizations are complete: If no, give reason: Please attach Massachusetts Immunization Information System Certificate or other complete immunization record**.

_____ _____
Signature of Examiner *Circle:* MD, DO, NP, PA Date *Please print name of Examiner.*

_____
Group Practice Telephone

_____
Address City State Zip Code

Please attach additional information as needed for the health and safety of the student. *MDPH 12/14/04*