

 $129 \ Seamon \ Rd, \ Farmington, \ Maine, \ 04938 - USA$ $Tel: +1(207)778-3561 \quad Fax: +1(207)778-3564 \quad Website: \ mtbluersd.org/hs$

Lisa Dalrymple, International Student Program Director

Gender:

Student Name:

Idalrymple@mtbluersd.org

Date of Birth: / /

PHYSICIAN'S EXAMINATION

MEDICAL AND IMMUNIZATION RELEASE

(to be completed by student's physician)

								IVI	ONTH/DAY/YEAR 	
de:		School:								
ght:			Weight:			Pulse:			Blood Pressure:	
ual Acu	uity: R	L	Hearing: R		db L			db	Body Mass Index:	
Does	the st	udent suffer from	any of the fo	llo	wing	g ı	medic	al d	concerns?	
YES	NO				YES	6	NO			
		Frequent Headaches						To	Toileting Problem	
		Dizziness/Fainting						В	ehavior/Emotional Problem	
		Seizures					Physical Limitation		hysical Limitation	
		Vision Problem						S	coliosis	
		Hearing Problem				Н	Heart Disease			
		Asthma/Chronic Coug	h				Chronic Illness		hronic Illness	
		Allergy	ain					Le	earning Problems	
		Frequent Abdominal P						S	pecial Dietary Needs	
		Diabetes					Dental Problems			
Medic	al Cor		F	Plan	(m	nedicat	ions	s, services, follow-ups)		
	YES	ght: ual Acuity: R Does the st YES NO	ght: ual Acuity: R	ght: ual Acuity: R	ght: ual Acuity: R L Hearing: R Does the student suffer from any of the folion YES NO Frequent Headaches Dizziness/Fainting Seizures Vision Problem Hearing Problem Asthma/Chronic Cough Allergy Frequent Abdominal Pain Diabetes	ght: ual Acuity: R	ght: Jual Acuity: R L Hearing: R L Does the student suffer from any of the following of the student suffer from any of the stu	ght: Jual Acuity: R L Hearing: R L Does the student suffer from any of the following medicates YES NO YES NO Frequent Headaches Dizziness/Fainting Seizures Vision Problem Hearing Problem Asthma/Chronic Cough Allergy Frequent Abdominal Pain Diabetes Pulse: No Pulse: Adb L Pulse: Adb L Add L Pulse: Adb L Add L Add L Pulse: Add L Add L Add L Add L Diabetes Pulse: Add L Add L	de: ght: Weight: Pulse: Jual Acuity: R L Hearing: R db L db Does the student suffer from any of the following medical of the student suffer from any of the student suffe	

Immunizations

Date of Exam:

All children enrolled in a public or private school in Maine (USA) must have the immunizations listed on the <u>Maine School Immunizations Requirements</u> document. Each immunization entry must include the vaccine type, the date administered, and the name of the provider. As of September 1, 2021, only medical exemptions are allowable except as described in MRSA, Title 20-A §6355.

A minimum of:														
5 (five) DTaP (diptheria, tetanus, pertussis) (4 DTaP if 4th is given on or after 4th birthday)														
/ / MONTH/DAY/YEAR	MONT	/ / TH/DAY/YEAR	/ / MONTH/DAY/YEAR	/ / MONTH/DAY/YEAR	/ / MONTH/DAY/YEAR									
4 (four) Polio (3 Polio if the 3rd is given on or after the 4th birthday														
/ / MONTH/DAY/YEAR														
2 (two) MMR (measles, mumps, rubella)														
/ / MONTH/DAY/YEAR	MONT	/ / H/DAY/YEAR												
2 (two) Varicella (ch	2 (two) Varicella (chickenpox) or reliable history of the disease													
/ / MONTH/DAY/YEAR	MONT	/ / Or Date of disease NTH/DAY/YEAR / / MONTH/DAY/YEAR												
1 (one) Tdap (tetani / / MONTH/DAY/YEAR	us, dip	htheria, pertus	ssis)											
1 (one) or 2(two) MCV4 (Meningococcal Conjugate Vaccine) (only one dose is required if the 1st dose is given on or after 16th birthday)														
/ / MONTH/DAY/YEAR	MONT	/ / TH/DAY/YEAR												
The student named on the other side may participate in a full school program including a vigorous physical education program and interscholastic athletics. (Specify limits in needed)														
Physician Name (Pri	inted):													
Physician Signature	e:													