

Please return completed  
St Elizabeth School Physical Form to:

School Nurse

St. Elizabeth School  
801 Argonne Drive  
Baltimore MD 21218

Email: [nurse@stelizabeth-school.org](mailto:nurse@stelizabeth-school.org)

Phone: 410-889-5054 ext. 1178 or 1171

Fax: 410-889-2356

This physical is needed on file in order for your  
student to use the St Elizabeth School playground.

**St Elizabeth School Physical Examination**  
**Part II- Health Assessment to be completed ONLY Physician/Nurse Practitioner**

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr)	Sex (M/F)	Name of School St Elizabeth School	Grade
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1. Does the child have a diagnosed medical condition?  
 No Yes \_\_\_\_\_

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is here at school? (e.g. seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE. Additionally please work with your school nurse to develop an emergency plan.  
 No Yes \_\_\_\_\_

3. Are there any abnormal findings on evaluation for concern?  
 Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/Orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychological		
Endocrine				Speech/ Language		
Psychosocial				Vision		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. Record of Immunizations- DHMH 896 is required to be completed by a healthcare provider or a computer generate immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis. Please attach list if necessary.  
 No Yes \_\_\_\_\_

**A medication administration form must be completed for medication administration in school.**

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction. No Yes \_\_\_\_\_

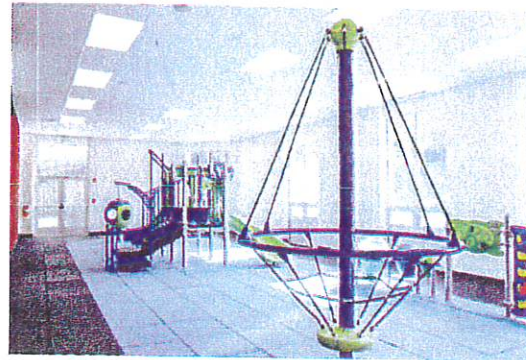
7. Screenings	Results	Date Taken
Heart Rate		
Blood Pressure		
Height		
Weight		
BMI Percentile		
Lead Test (optional)		

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			St Elizabeth School	

(Child's Name) \_\_\_\_\_ has had a complete physical examination and has \_\_\_\_\_ no evident problem that may affect learning or full school participation \_\_\_\_\_ problems noted above

The St. Elizabeth School playground has a padded floor and various pieces of equipment, including two slides, two spinning elements, monkey bars, and a music-making unit which is mounted to the floor.



Please check the appropriate boxes below

Allow access to all of the equipment

Do not allow use of the following equipment:

Large spinner  Small spinner  Slides  Monkey bars  Raised platform

Other (please describe any additional prohibitions or concerns): \_\_\_\_\_

Additional Comments Or Health Concerns:

Physician/Nurse Practitioner (type or print)

Phone No.

Physician/Nurse Practitioner  
Signature

Date