

Barbara Neilly
Principal

Michael Martin -Zboray
Assistant Principal



Connors Emerson School

11 Eagle Lake Road

Bar Harbor, Maine, 04609

www.ces.barhbr.org

(207) 288-3631 fax:(207) 288-4706

Please have the following filled out by your child's physician and return it to school. **Please attach a copy of current immunizations.**

Child's Name _____ DOB _____

Skin:

Eyes:

Ears:

Nose:

Throat and Mouth:

Lymph Nodes:

Heart:

Chicken Pox Disease HX _____
Date-If Applicable

Lungs:

Abdomen:

BP _____ PULSE _____

Hernia:

Hgt _____ Wgt _____

Genitalia

BMI _____ % _____

Menstruation:

Bones and Joints:

Posture:

Allergies:

Recommendations for physical activity.

_____ Full _____ None _____ Restricted

Comments: _____

Physician's Name: _____ Date: _____

Physician Signature: _____ Ph #: _____

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