



Connors Emerson School

11 Eagle Lake Road

Bar Harbor, Maine, 04609

<http://www.emerson.u98.k12.me.us>

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

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

Child's Name _____ **DOB** _____

Skin:

Eyes:

Ears:

Nose:

Throat and Mouth:

Lymph Nodes:

Heart:

Lungs:

Abdomen:

Hernia:

Last Tetanus _____

Reproductive:

P _____ BP _____

Menstruation:

HGT _____ WGT _____

Bones and Joints:

BMI _____ % _____

Posture:

Recommendations for physical activity.

_____ Full _____ None _____ Restricted

Comments: _____

Physician's Name: _____ Date: _____

Physician Signature: _____ Ph #: _____

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