**Attention Health Care Provider: Please do a hearing and vision screening as indicated. The State of Maine requires it and Berwick Academy feels this is best provided by the student’s health care professional.**

1. Skin
2. Blood Pressure
3. Dental
4. Height
5. Weight
6. Vision**
    - glasses
    - contact lenses
7. Hearing**
8. Heart
9. Lungs
10. Spinal Screening

11. IMMUNIZATIONS—Please attach a copy of the complete vaccination record.

   Chicken Pox Date ___________________________ documentation of disease history by provider is required ___________________________

List any present/past medical conditions (diseases, operations, injuries, allergies, emotional concerns, hospitalizations, etc.).

If this student requires medication for diabetes, asthma or life threatening allergies, please submit a treatment care plan, or contact the nurse for forms. These forms will allow and facilitate the use of medications specific to these illnesses, and may permit this student to independently carry and use medications in school.

**Sport Participation:** Cleared _____ Not Cleared

Restrictions/Limitations:

______________________________

Date: ____________________________

Medical Practitioner Signature