



Eastport Health Care, Inc.

Our Specialty is YOU!

Rowland B. French Medical Center
Vogl Behavioral Health Center
30 Boynton Street
Eastport, Maine 04631
Phone: 207-853-6001
Fax: 207-853-6180

SPORTS PHYSICALS WILL BE OFFERED at RMG/MMHS with Eastport HealthCare Pediatrics Alfred Wakeman PA-C on September 12th. Please bring this permission slip signed and completed by your guardian, on the day of the physical. If you do not bring this form, a physical will NOT be provided.

Name: _____

Age: _____ Grade: _____

DOB: _____ M / F

Address: _____

Current Medication(s):

Circle the sports you play:

Cross Country Basketball Baseball

Soccer Wrestling Softball

Football Cheerleading Track&Field

Volleyball Swimming Tennis Golf

1. Has anyone in your family died suddenly before the age of 50?
2. Have you ever passed out or felt dizzy during exercise?
3. Do you have asthma or allergies?
4. Have you ever broken a bone, worn a cast, or injured a joint?
5. Have you ever been knocked out (concussion)?
6. Do you have a chronic illness or see a doctor regularly?
7. Do you only have one of any normally paired organs?

Yes No

For Females Only

8. How old were you when you had your first period? _____
9. Do you have regular periods? _____

I have reviewed the above questions with my son/daughter and give permission for my child to undergo the pre-participation physical evaluation and to participate in sports at RMG/MMHS.

Signature of Parent/Guardian

Date

EASTPORT HEALTHCARE PEDIATRICS SPORTS PHYSICAL FORM

Eastport Health Care, Inc. is an Equal Opportunity Employer and Provider

Machias Family Practice
53 Fremont Street
Machias, Maine 04654
Phone: 207-255-8290
Fax: 207-255-4109

Machias Behavioral Health Center
53 Fremont Street
Machias, Maine 04654
Phone: 207-255-3400
Fax: 207-255-3401

Machias Podiatry Clinic
53 Fremont Street
Machias, Maine 04654
Phone: 207-255-8290
Fax: 207-255-4109

Calais Behavioral Health Center
55 Franklin Street
Calais, Maine 04619
Phone: 207-454-3022
Fax: 207-454-3099

Calais Podiatry Clinic
10 Palmer Street
Calais, Maine 04619
Phone: 207-454-8300
Fax: 207-454-7877



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Name: _____ DOB: _____ Grade: _____

School: _____ HT: _____ WT: _____ BP: _____

Allergies: _____

Do you feel safe? **Y/N**

Do you use alcohol? **Y/N**

Do you wear your Seat Belt? **Y/N**

Do you smoke? **Y/N**

| PHYSICAL EXAM | NORMAL | ABNORMAL | COMMENTS |
|------------------------------|--------|----------|----------|
| Eyes | | | |
| Ears, Nose, Throat | | | |
| Mouth & Teeth | | | |
| Neck | | | |
| Cardiovascular | | | |
| Chest & Lungs | | | |
| Abdomen | | | |
| Skin | | | |
| Genitalia-Hernia (Male) | | | |
| Musculoskeletal:ROM,Strength | | | |
| Neck | | | |
| Spine | | | |
| Shoulders | | | |
| Arms/Hands | | | |
| Hips | | | |
| Thighs | | | |
| Knees | | | |
| Ankles | | | |
| Feet | | | |
| Neuromuscular | | | |

The above student has been examined and **MAY/MAY NOT** participate in the school athletic program.

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PROVIDER SIGNATURE: _____ Date: _____

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