New England Science & Sailing

NESS Health Exam

Physical Exams are Valid for 3 Years From Date of Examination

Name:_____ Date of Birth:_____ Phone:_____

Address:_____

Emergency Contact:_____ Telephone:_____

TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

Date of Exam ____/____/____

_____ May participate in all activities

_____ May participate except for: _____

Medical information pertinent to routine care and emergencies:

Is this individual taking prescription or over the counter medication(s)? ☐ YES ☐ NO

If yes, indicate names of medication(s):_____

Does the individual have allergies? ☐ YES ☐ NO Explain: _____

Is the individual on a special diet? ☐ YES ☐ NO Explain: _____

Does the individual have special needs? ☐ YES ☐ NO Explain: _____

This staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

	Yes	No		Yes	No
Measles			Hepatitis B		
Mumps			Diphtheria		
Rubella			Pertussis		
Chickenpox			Pneumococcal conjugate		
Tetanus			Polio		

Comments:_____

_____

Print name of medical care provider:

_____

Medical care provider's address:

_____

Medical care provider's: City/Town _____ST _____Zip Code_____

_____

Signature of Physician, PA, APRN or RN

Date: _____