



The Maryland School for the Blind

M.D.

3501 TAYLOR AVENUE BALTIMORE, MARYLAND 21236 410-444-5000

Medical Part II – History and Physical for overnight students and students participating on a sports team Health Center - School Year 2026-2027

To be completed ONLY by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex <input type="checkbox"/> M <input type="checkbox"/> F
1. Does the child have a diagnosed medication condition? <input type="checkbox"/> No <input type="checkbox"/> Yes		
2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is at school? (e.g. seizure, insect sting allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) if yes, please DESCRIBE. Additionally, please "work with your school nurse to develop an emergency plan." <input type="checkbox"/> No <input type="checkbox"/> Yes		

3. Evaluation Findings/CONCERNS.

Physical Exam	WNL	ABNL	COMMENTS	Health Area of Concern	YES	NO
Head				Attention Deficit/Hyperactivity		
Eyes				Behavior/Adjustment		
ENT				Development		
Dental				Hearing		
Respiratory				Immunodeficiency		
Cardiac				Lead Exposure/Elevated Lead		
GI				Learning Disabilities/Problems		
GU				Mobility		
Musculoskeletal/Orthopedic				Nutrition		
Neurological				Physical Illness/Impairment		
Skin				Psychosocial		
Endocrine				Speech/Language		
Psychosocial				Vision		

REMARKS: (Please explain any abnormal findings.)

4. Screenings	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI % tile		
Lead Test	Optional	

5. MSB students compete against visually impaired athletes in the Eastern Athletic Association for the Blind and occasionally some local high schools. Some of these activities are contact sports. This physical is required for all students participating in these activities. **Is student allowed to participate in:**

	Yes	No	Comments
Wrestling/Judo (Contact)			
Swimming (Non-Contact)			
Goalball (Contact) Played only by visually impaired students			
Cheerleading (Non-Contact)			
Track (Non-Contact)			
Soccer (Contact)			
Basketball (Contact)			

6. Special Considerations for Contact Sports for this student:

	Yes	No	Comments
Risk of Retinal Detachment			
Long Duration of Intense Cardiovascular Activity			
Any Weight Bearing Restrictions: i.e., Lifting Weights			
Special Requirements for Sun/Heat Exposure			
Tumbling Activities			
Must Wear Eye Protection During Physical Activity			

Physician/Nurse Practitioner Signature

Date

Physician/Nurse Practitioner (Print)

Office Phone Number

Office Fax Number