



**Anne Arundel County Department of Health  
School Health Services**

**PHYSICAL EXAMINATION REMINDER NOTICE**

Dear Parent/Guardian,

Maryland State regulation (COMAR: 13A.05.05.07) requires that each student entering a Maryland public school system for the first time has a physical examination form completed by a physician or certified nurse practitioner. The **Record of Physical Examination Form** should have been provided to you when you enrolled your child into the Anne Arundel County Public School System.

In reviewing your child's enrollment records, I did not find this completed form. If you need a copy of this form, please contact the school's enrollment secretary. If you need assistance in finding a local health care provider, I am providing you with a resource list. If you need additional assistance in finding a local health care provider, please do not hesitate to contact me.

Best regards,

Maria-Connie Goumas RN MSN

School Health Nurse

Date

410-969-9010 Ext 236  
Phone Number



**RESOURCES FOR LOW-COST HEALTH CARE**  
(Call for appointment or further information before going to the sites listed.)



**Anne Arundel Medical Center Community Clinics**

Forest Drive  
1419 Forest Dr., Suite 100  
Annapolis, MD 21403  
410-990-0050

Morris Blum  
701 Glenwood St.  
Annapolis, MD 21401  
410-990-0050

Stanton Center  
92 West Washington St.  
Annapolis, MD 21401  
443-481-3613 (Dental)

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**Anne Arundel Medical Center FastCare**

Free State Mall (Inside Giant)  
15520 Annapolis Rd.  
Bowie, MD 20715  
443-481-5777

2371 Solomons Island Rd. (Inside Shoppers)  
Annapolis, MD 21401  
443-481-5777

\$79 per visit, including labs.

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**Arundel House of Hope**

514 North Crain Hwy., Suite K  
Glen Burnie, MD 21061  
Across the Street from Empire Towers  
410-863-4888

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**Chase Brexton Health Care (Dental and Medical Services at Baltimore and Columbia locations)**

Mt. Vernon Center  
1111 North Charles St.  
Baltimore, MD 21201  
410-837-2050

Columbia Center  
5500 Knoll North Dr., Suite 370  
Columbia, MD 21045  
410-884-7831

North County  
200 Hospital Drive, Suite 300  
Glen Burnie, MD 21061  
410-837-2050

For new patient appointments: 410-837-2050, ext. 4300.

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**Family Health Centers of Baltimore**

631 Cherry Hill Rd.  
Baltimore, MD 21225  
410-354-2000  
(Dental and Medical)

3540 South Hanover St  
Baltimore, MD 21225  
410-355-0343  
(Medical)

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**1<sup>st</sup> Medical of Annapolis**

20 Mayo Rd., Suite 201  
Edgewater, MD 21037  
410-956-6800

County vouchers for STD screening and treatment are accepted.

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- more resources on other side -



## RESOURCES FOR LOW-COST HEALTH CARE

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### Minute Clinics

CVS Pharmacy  
2601 Riva Rd.  
Annapolis, MD 21401

CVS Pharmacy  
2003 Davidsonville Rd.  
Crofton, MD 21114

CVS Pharmacy  
7095 Baltimore Annapolis Blvd.  
Glen Burnie, MD 21061

CVS Pharmacy  
8124 Veterans Hwy.  
Millersville, MD 21108

CVS Pharmacy  
28 Magothy Beach Rd.  
Pasadena, MD 21122

Physicals available. Most services cost \$79 to \$99. Additional charges apply for labs and tests.  
For information: 1-866-389-2727.

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### Multident Centers (Dental)

700 Melvin Ave., Suite 2  
Annapolis, MD 21401  
410-280-5013

901 Eastern Ave.  
Baltimore, MD 21202  
410-685-1008

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### NMS Wellness

900 Van Buren Street (Inside Bay Ridge Healthcare)  
Annapolis, MD 21403  
410-267-8653, ext.116

Primary Care. Physical, Occupational, Speech and Aquatic Therapy for Adults and Children.  
\$79 for initial primary care visit (including basic lab work), \$59 for follow-up visits.

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### Owensville Primary Care

134 Owensville Rd.  
West River, MD 20778  
410-867-4700

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### Total Health Care

410-383-8300 (all locations)

2400 Kirk Ave.  
Baltimore, MD 21218  
(Dental and Medical)

1501 Division St.  
Baltimore, MD 21217  
(Dental and Medical)

1215 Annapolis Rd., Suite 203  
Odenton, MD 21113  
(Medical)

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### University of Maryland School of Dentistry

650 West Baltimore St.  
Baltimore, MD 21201  
Information: 410-706-7101  
Emergencies: 410-706-2716 or 410-706-2717  
Pediatrics: 410-706-4213  
Special Needs Patients: 410-706-7039

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Maryland Schools  
Record of  
Physical Examination

To Parents or Guardians:

In order for your child to enter a Maryland Public school for the first time, the following are required:

- ***A physical examination by a physician or certified nurse practitioner must be completed within nine months prior to entering the public school system or within six months after entering the system.*** A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement.  
(<http://www.dsd.state.md.us/comar/13a/13a.05.05.07.htm>)
- ***Evidence of complete primary immunizations against certain childhood communicable diseases is required for all students in preschool through the twelfth grade.*** A Maryland Immunization Certification form for newly enrolling students may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend school. This form can be found at:  
<http://www.edcp.org/pdf/DHMH896new.pdf>.
- ***Evidence of blood testing is required for all students who reside in a designated at risk area when first entering Pre-kindergarten, Kindergarten, and 1<sup>st</sup> grade.*** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at:  
<http://www.fha.state.md.us/och/pdf/MarylandDHMHBloodLeadTestingCertificateDHMH4620.pdf>.

Exemptions from a physical examination and immunizations are permitted if they are contrary to a students' or family's religious beliefs. Students may also be exempted from immunization requirements if a physician/nurse practitioner or health department official certifies that there is a medical reason not to receive a vaccine. Exemptions from Blood-Lead testing is permitted if it is contrary to a families religious beliefs and practices. The Blood- lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

The health information on this form will be available only to those health and education personnel who have a legitimate educational interest in your child.

**Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.**

**If your child requires medication to be administered in school, you must have the physician complete a medication administration form for each medication. This form can be obtained at <http://www.marylandpublicschools.org/NR/rdonlyres/8D9E900E-13A9-4700-9AA8-5529C5F4C749/3341/medicationform404.pdf>. If you do not have access to a physician or nurse practitioner or if your child requires a special individualized health procedure, please contact the principal and/or school nurse in your child's school.**

Maryland State Department of Health and Mental Hygiene  
Records Retention - This form must be retained in the school record until the student is age 21.

Maryland State Department of Education



**To be completed by parent or guardian**

Maryland Schools -Record of Physical Examination **Revised 12/04**



**PART II - SCHOOL HEALTH ASSESSMENT**  
To be completed **ONLY** by Physician/Nurse Practitioner

Student's Name (Last, First, Middle)	Birthdate (Mo. Day Yr.)	Sex (M/F)	Name of School	Grade
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1. Does the child have a diagnosed medical condition?

☐ No ☐ 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".

☐ No ☐ Yes \_\_\_\_\_  
\_\_\_\_\_

3. Are there any abnormal findings on evaluation for concern?

Evaluation Findings/CONCERNS

Physical Exam	WNL	ABNL	Area of Concern	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		
				Other		

REMARKS: (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896 is required to be completed by a health care provider or a computer generated immunization record must be provided.

5. Is the child on medication? If yes, indicate medication and diagnosis.

☐ No ☐ Yes ~ \_\_\_\_\_  
(A medication administration form must be completed for medication administration in school).

6. Should there be any restriction of physical activity in school? If yes, specify nature and duration of restriction.

☐ No ☐ Yes \_\_\_\_\_

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



**PART II - SCHOOL HEALTH ASSESSMENT - continued**To be completed **ONLY** by Physician/Nurse Practitioner

(Child's Name) \_\_\_\_\_ has had a complete physical examination and has

☐ no evident problem that may affect learning or full school participation

☐ problems noted above

Additional Comments:

Physician/Nurse Practitioner (Type or Print)

Phone No.

Physician/Nurse Practitioner Signature

Date

DPS 2300/6 (taken from Health Dept.) 3/06