

GRADE:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: ___/___/_____	Teacher:
Name:		Phone #	
Address:			
Father's Name		Mother's Name:	
Cell/Work #		Cell/Work # ( )	
Physician to call in an emergency:			Phone #
Name and Phone number of person to call in an emergency if parent is not available:			
Name:		Relationship:	Phone #

HEALTH HISTORY (update only) TO BE FILLED OUT BY PARENT

Chicken Pox	Pneumonia	1. Has your child had any illnesses: injury or operation during the past year? ___ Yes ___ No Specify (with date)
Measles	Tuberculosis	
German Measles	Bladder Condition	2. Has your child received any immunization tests during the past year? ___ Yes ___ No Specify (with date)
Mumps	Kidney Condition	
Polio	Tonsillectomy	3. Does your child have any allergies/asthma? ___ Yes ___ No Specify _____
Rheumatic Fever	Anemia	
Whooping Cough	Mononucleosis	4. Does your child take any medication on a regular basis? (excluding vitamins) ___ Yes ___ No Specify _____
Diabetes	Scoliosis	
Epilepsy	Ear Condition	5. Do you have any other information concerning your child which would aid the school?
Heart Condition	Scarlet Fever	
Hepatitis	Nervous Disorder	
Mental Disorder		
Operation (specify)		

I wish the school physician to give my child the physical.

Parent Signature: \_\_\_\_\_

PHYSICIAN REPORT

		IMMUNIZATIONS	DATES
Name:		DPT Series	
Height	Eyes	DtaP	Tdap
Weight	Ears	DT Booster	
BMI %		Polio Series	
Nutrition	Skin (non.comm.)	Measles	Mumps
Teeth & Gums		Rubella	
ENT		MMR #1	MMR #2
Heart	Blood Pressure	Hep A Series	
Lungs		Hep B Series	
Hernia	Abdomen	Hib	
Nervous System	Speech	TB Test	
Hemoglobin or Blood Count		Varivax	
Urinalysis:		Lead Screening	
1. Does this pupil need medical care:		Menactra	
2. Has this pupil any defect of disability? If so, specify:		PHYSICIAN'S STAMPS:          PHYSICIAN'S SIGNATURE: _____	
3. Are there any problems relating to growth, development or nutrition with which teachers & parents should be acquainted? ___ Yes ___ No			
4. Scoliosis Screening			
5. Is child physically able to participate in athletics? ___ Yes ___ No			
		DATE OF EXAM: _____ Form 220	