

CERTIFICATE OF CHILD HEALTH EXAMINATION

(Information on this form may be shared with appropriate personnel for health and educational purposes)

Please PRINT or TYPE

Pupil's Name: _____ Birthdate: _____ Sex: Male Female
 Address: _____ Telephone #: _____
 Parent/Guardian Name(s): _____

MEDICAL HISTORY (TO BE COMPLETED BY PARENT)

Chicken Pox Year _____ Congenital Defects: _____
 Scarlet Fever Year _____ Diabetes: _____
 T.B. / T.B. Contact Year _____ Epilepsy: _____
 Heart Disease: _____
 Frequent Ear Infections: _____
 Injuries / Accidents: _____ Year _____ Results: _____
 Permanent Disability: _____ Year _____ Type: _____
 Surgery: (operations) _____ Year _____ Type: _____
 Allergies: (list) _____
 Taking Medication(s): (list medications and reason for use): _____

IMMUNIZATIONS: Please provide the month, day, and year for every dose administered

DPT (Diphtheria)					Hepatitis A				
Whooping Cough - Tetanus					Hepatitis B				
DT (Diphtheria/Tetanus)					MCV4				
Tetanus					Tuberculin Test				
Poliomyelitis					Chest X-Ray				
MMR					Varicella (Chicken Pox)				
HIB					Other (specify)				

(To be completed by Physician)

PHYSICAL EXAMINATION

Evaluation: Required Strongly Recommended

	NORMAL	ABNORMAL	FOLLOW-UP COMMENT		NORMAL	ABNORMAL	FOLLOW-UP COMMENT
Height				Vision Screen			
Weight				Scoliosis Screen			
Respiratory				Hemoglobin			
Cardiovascular				Hematocrit			
Gastrointestinal				Urinalysis			
Muscular/Skeletal				Lead Screening			
Genito/Urinary				Sickle Cell			

Special Diet Needs: Restrictions / Needs: _____

Special Equipment Needs: _____

Medical Health Care Needs: (i.e., treatments needed to be performed while student is at school such as catheterizations or tube feedings) include type of treatment and frequency if it is to be performed at school: _____

Physical Activity: Based on your examination do you approve this child's participation in:

Physical Education: Yes No

Interscholastic Sports: Yes No

Physician Signature: _____ Telephone: _____

Address: _____ Date of Exam: _____