IMMACULATE CONCEPTION SCHOOL
DARDENNE PRAIRIE, MO

IMMUNIZATION AND HEALTH INFORMATION

PHYSICIAN'S EXAM FORM FOR KINDERGARTEN, 3RD GRADE AND 6TH GRADE

Student

Address

Grade Sex (circle) M F

Date of Birth

Parent/Guardian

Home Phone

Work Phone

Health History – **TO BE COMPLETED BY PARENT -** Has child ever had any of the following? (circle) If yes, please explain.

Asthma Y N

Epilepsy Y N

Diabetes Y N

Chicken Pox Y N

Other Serious Illness Y N

Surgeries Y N

Allergies Y N

Medications (current or past) Y N

Orthopedic History (for sports participation only)

Head Injury Y N

Neck/Back Y N

Hip/Leg/Foot Y N

Other Serious Y N

IMMUNIZATIONS
(Give month, day and year)

HIB _____ _____ _____ _____

DPT _____ _____ _____ _____

DT Booster _____ _____ _____

Polio _____ _____ _____ _____

MMR _____ _____ Rubella _____

Tine/PPD _____

HepB _____ _____ _____

Chicken Pox _____ _____

Other _____

TO BE COMPLETED BY PHYSICIAN
(For students entering Kindergarten, 3rd grade, & 6th grade or new to the school)

Is this child under care at this time? Y N

PHYSICAL FINDINGS

Height Weight

B/P Pulse

Eyes: Snellen

Cover test

ENT

Chest/Lungs

Heart

Abdomen

Hernia

Lymph Nodes Genitalia

Neurology Scoliosis

TO BE COMPLETED BY PHYSICIAN

RECOMMENDATION FOR SCHOOL

Special seating recommended

Medical Treatment at School

ORTHOPEDIC EXAM (for sports participation**)**

ROM

Back

Neck/Shoulders

Upper Extremities

Lower Extremities

RECOMMENDATION FOR SPORTS

(mark one)

____ Full unlimited participation

____ No participation

____ Limited participation

____ Clearance withheld until _____

Name of Examiner (please print)

Signature of Examiner

Date _____

Address _____

Phone _____

Fax Phone _____

Parent's or Guardian's Permission:
I hereby give consent for the school nurse or administrator to contact child's physician concerning health issues. I also give consent and authorize the school to obtain, through a physician of its choice, such as medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of the school day.

_____ _____

Parent Signature Date