# Health Record

**Instructions**: Please complete the top line and have your child's health care provider complete the remainder.

**Student Name:**_____**Sex: M F Date of Birth:**_____**Grade:**_____

**Date of physical:** _____ Height:_____ Weight:_____ BP:_____

**Screenings:**

Vision: R: 20/_____ L: 20/_____ Both: 20/_____ Corrected? Y / N

Hearing: R_____dcb L_____dcb Scoliosis: Positive_____ Negative_____

**Physical Exam WNL? Yes**_____ **No**_____

Abnormalities:_____

☐ **This child may participate fully in school activities including physical education.**

Restrictions:_____

**Medical Conditions (please list and describe):**

- **Allergies** (please attach care plan):_____
  _____
- Chronic Conditions (for asthma, please attach care plan):_____
  _____
- Disease History:_____
  _____
- Surgical History:_____
- Psychiatric/Behavioral Issues:_____
  _____
- Medications:_____

Please record the date of all immunizations. Alternatively, you may attach a separate immunization record.

| **VACCINES** | **1st dose** | **2nd dose** | **3rd dose** | **4th dose** | **5th dose** | | |
|---|---|---|---|---|---|---|---|
| DTap (Td, DT) | | | | | | | |
| Tdap | | | | | Document single antigen vaccine receipt, serology titers, or varicella disease history | | |
| IPV (Polio) | | | | | Hep B | Date: | Titer: |
| MMR | | | | | Varicella | Date: | Titer: |
| HIB | | | | | Measles | Date: | Titer: |
| Hep B | | | | | Mumps | Date: | Titer: |
| Varicella | | | | | Rubella | Date: | Titer: |
| Pneumococcal Conjugate | | | | | | | |
| Meningococcal | | | | | | | |
| Hep A | | | | | | | |
| HPV | | | | | | | |
| Rotovirus | | | | | | | |
| Most Recent Flu: | | | | | | | |
| Other | | | | | | | |

Please circle appropriately if the nurse may administer the following medications (with parental approval);

| | | | |
|---|---|---|---|
| **Acetaminophen/Ibuprofen** | Liquid/chewable per age/weight Q4/Q6 PRN headache, pain | Yes | NO |
| **Tums** | 1-2 tablets as needed for indigestion | Yes | NO |

***PHYSICIAN'S SIGNATURE:** _____**DATE:**_____