CHILD HEALTH ASSESSMENT

Parent/Guardian completes this section

Student Information:

Last Name:	First Name:	Middle Name:
Child's Date of Birth: ______/______/______	Home Phone:	Parent/Guardian Name:
Home Address:		

Check Present Grade: K ☐ 1☐ 2☐ 3☐ 4☐ 5☐ 6☐ 7☐ 8☐ 9☐ 10☐ 11 ☐ 12☐ SP ED☐

RACE/ETHNICITY: ☐ African American (Non-Hispanic) ☐ American Indian / Alaskan Native ☐ Asian / Pacific Islander ☐ Hispanic ☐ Multiracial ☐ White (Non-Hispanic)

Consent:

I hereby give my consent as the parent/guardian of the above named child to release, discuss or otherwise inform the school of my child's health condition and any health concerns:

Parent/Guardian Signature: ________________________________Date Signed: ____/_____/_____

Physician completes this section

Heath History and Medical Information Pertinent to Routine Care:

Emergency Care: ☐ None ☐ Yes; describe:

Allergies to Food or Medicine: ☐ None ☐ Yes, describe:

Height	Weight	Head Circumference	Blood Pressure
_______IN/CM %of ILE ______	______LB/KG %of ILE ______	______IN/CM %of ILE ______	______/______

Physical Examination: Date of Examination: _____/_____/_____

Physical Examination	Normal	Abnormal	Comments
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin / Lymph Nodes			
Neurological / Tone			
Developmental (E.G. DDST)			

CHILD HEALTH ASSESSMENT

Physician completes this section

Child's Name: ____

Screening Tests:

Screening Tests	Normal	Abnormal	Comments
LEAD			
ANEMIA (HGB/HCT)			
URINALYSIS (UA)			
HEARING			
VISION			
DATE OF DENTIST'S LAST EXAMINATION: ______/______/______			

Recommendations/Health Care Provider's Signature:

HEALTH PROBLEMS OR SPECIAL NEEDS ☐ NO Problems ☐ YES, Describe:	***Recommended Treatment – Medication - Special Care*** (*Attach Additional Sheets as Necessary)*
Medical Care Provider:	NEXT APPOINTMENT: (MONTH/YEAR) ________/__________
Address:	
Phone:	

____ Date: _____/______/_____ MD DO CRNP

Signature of Attending Physician or CRNP

NOTE: Age appropriate health services and immunizations must follow the schedule recommended by The American Academy of Pediatrics.

CERTIFICATE OF IMMUNIZATION

Last Name:	First Name:	Middle Name:
Child's Date of Birth: ______/______/______	Home Phone:	Parent/Guardian Name:
Home Address:		Grade:

VACCINE CIRCLE APPROPRIATE ITEM	ENTER MONTH, DAY. AND YEAR EACH IMMUNIZATION WAS GIVEN DOSES				
Diphtheria and Tetanus (DtaP, DTP, Td, or DT)	1) ___/___/___	2) ___/___/___	3) ___/___/___	4) ___/___/___	5) ___/___/___
Polio (OPV or IPV)	1) ___/___/___	2) ___/___/___	3) ___/___/___	4) ___/___/___	
Hepatitis B	1) ___/___/___	2) ___/___/___	3) ___/___/___		
Measles – Mumps – Rubella (MMR)	1) ___/___/___	2) ___/___/___	**Or Measles Serology:** **Date: ___/___/____ titer:**		
Varicella (Vaccine or Disease)	1) ___/___/___	2) ___/___/___	**Rubella Serology:** **Date: ___/____/____ titer:**		
Other	1) ___/___/___	2) ___/___/___	**Mumps disease diagnosed by a physician: ☐ Yes** **Date: ____/____/____**		

Doses required by law for new school enterers (K or 1st Grade) are shaded in gray.
Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for entry into 7th grade.

To the best of my knowledge, this child has received the minimum required immunizations. Source: ☐ Written ☐ Verbal ☐ Both

Signed:____ Date: ______/______/______
(PHYSICIAN, PUBLIC HEALTH OFFICIAL, SCHOOL NURSE, OR OTHER DESIGNEE)

Statement For Exemption To Immunization Law (If applicable)

MEDICAL EXEMPTION

The physical condition for the above named child is such that immunization would endanger life of health.

Signed: ____ Date: _____/______/______
Physician's Signature

RELIGIOUS EXEMPTION

Includes a strong moral or ethical conviction similar to a religious belief

The parent or guardian of the above named child adheres to a religious belief whose teachings are opposed to such immunizations. State your reasons for requesting religious exemption: ___________________________________
____

Signed: ____ Date: _____/______/_____
Parent/Guardian Signature