

Good Hope Country Day School

Physical Examination Report

Name _____ Age _____ Date of Birth _____ Grade _____

It is mandated by the VI Department of Health that this completed form and a copy of an official immunization card be on file before or on the first day of school. Please note: Students will not be allowed to participate in PE or sports until this requirement is met.

Physical Exam
Weight _____
Height _____
General Appearance _____
Blood Pressure _____
Eyes _____
Snellen Test Results R) _____ L) _____
Wears glasses? _____
Ears _____
Teeth _____
Nose and Throat _____
Thyroid _____
Heart _____
Lungs _____
Skin _____
Hernia _____
Orthopedic Conditions _____

Health History	NO	YES	Comment
Diabetes _____			
ADD/ADHD _____			
Asthma _____			
Chicken Pox _____			
Other Conditions _____			
Previous Surgery: _____			
Allergies to Bee or Jack stings? Yes No Unknown			
Other allergies: _____			
List of medications taken daily: _____			
Date of last dental visit: _____			

Examining Practitioner: Please review student's immunization record.

Physical Education:
Please select PE activity level: () normal program - all activities () moderate () restricted
Any limitation to contact sports? Yes () No ()
 If yes, what is the limitation? _____
Any conditions or diseases needing treatment during the school year? _____

Doctor's Name: _____ Phone: _____
 Address: _____
 Doctor's Signature: _____ Date: _____



ATTENTION PARENTS

The School Nurse and office staff commonly dispenses over-the-counter medications.
 My child _____ may receive the following circled medications:

- Acetaminophen Ibuprofen Tums Cough Syrup Cough Drops Daytime Cold Relief Benadryl
 (Tylenol) (Motrin/Advil)

Parent Signature Required: _____ **Date:** _____

GHCDS PHYSICAL EXAM REQUIREMENT TIME TABLE

Physical Examination Forms are required of students in Nursery, Pre-Kindergarten, Kindergarten, and First Grade -ANNUALLY

If done in grade 1 a new form is required in grade 4
 grade 2
 grade 3
 grade 4
 grade 5
 grade 6
 grade 7
 grade 8
 grade 9
 grade 10, 11, 12
 grade 5
 grade 6
 grade 7
 grade 8
 grade 9
 grade 10
 grade 11
 grade 12
 upon admission only

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hib <i>Haemophilus influenzae</i> type b	IPV Polio	PCV13 Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningococcal conjugate	Influenza Flu
Birth	✓											
2 months	✓ (1-2 mos)	✓	✓	✓	✓	✓						
4 months	✓	✓	✓	✓	✓	✓						
6 months		✓	✓		✓	✓						
12 months												
15 months	✓ (6-18 mos)	✓ (15-18 mos)	✓ (12-15 mos)	✓ (6-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (2 doses given 6 mos apart at age 12-23 mos)			
18 months												
19-23 months		Catch-up	Catch-up	Catch-up	Catch-up		Catch-up	Catch-up				✓ (One dose each fall or winter to all people ages 6 mos and older)
4-6 years		✓		✓			✓	✓				
7-10 years		Catch-up										
11-12 years	Catch-up	✓ Tdap			Catch-up			Catch-up	Catch-up	✓✓✓	✓	
13-15 years		Catch-up (Tdap)								Catch-up	Catch-up	
16-18 years											✓	

Please note: Cases of pertussis (whooping cough) have increased in children, teens, and adults in the last few years. Tragically, some infants too young to be fully protected by vaccination have died. Ask your doctor or nurse if your children have received all the pertussis shots needed for his or her age. Also, if you haven't had your pertussis shot, you need to get one.

What is "Catch-up?" If your child's vaccinations are overdue or missing, get your child vaccinated as soon as possible. If your child has not completed a series of vaccinations on time, he or she will need only the remainder of the vaccinations in the series. There's no need to start over.