

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. Students will not be allowed to participate in PE or a sport until this requirement is met. **Please note: Physical examination forms are required for students in Nursery, Pre-K, Kinder and first grade annually.**

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

<p>Examining Practitioner: Please review student's immunization record.</p>
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<p>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? _____</p>

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

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

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

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

Emergency Medical Release

In the event that my child suffers an accident or other medical emergency, I authorize trained medical personnel to provide emergency treatment and/or transportation to a hospital. I understand the school will make every effort to contact me, but by my signature below I authorize treatment and/or transportation as necessary for the health and safety of my child.

Parent/Guardian

Date

When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis (whooping cough)	Hib Haemophilus influenzae type b	IPV Polio	PCV13 Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillomavirus	Men-ACWY Meningococcal		MenB	Influenza Flu
at Birth (within 24 hours of birth)	✓													
2 months	✓	✓	✓	✓	✓	✓								
4 months	✓ ¹	✓	✓	✓	✓	✓								
6 months	✓ (6-18 mos)	✓	✓ ¹	✓ (6-18 mos)	✓	✓ ¹								✓ (6 mos and older)
12 months		✓ ² (15-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (2 doses given 6 mos apart at age 12-23 mos)					<div style="border: 1px solid black; padding: 5px; font-size: small;"> One dose each fall or winter to all people ages 6 mos and older. Some children younger than age 9 years need 2 doses; ask your child's healthcare provider if your child needs more than 1 dose. </div>
15 months														
18 months														
19-23 months														
4-6 years		✓		✓			✓	✓						Influenza vaccine is recommended every year for everyone age 6 months and older.
7-10 years														
11-12 years		✓ (Tdap)								✓✓ ³	✓			
13-15 years														
16-18 years											✓	✓✓ ^{4,5}		



Technical content reviewed by the Centers for Disease Control and Prevention
 Saint Paul, Minnesota • 651-647-9009 • www.immunize.org • www.vaccineinformation.org
www.immunize.org/catg.d/p4050.pdf • Item #P4050 (6/17)

FOOTNOTES

- 1 Your child may not need this dose depending on the brand of vaccine that your healthcare provider uses.
- 2 This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.
- 3 Children with certain medical conditions will need a third dose.
- 4 This vaccine may be given to healthy teens. It is also recommended for adolescents with certain health conditions.
- 5 Your teen may need an additional dose depending on your healthcare provider's recommendation.