**Page 1 of 4**

**QUICK REFERENCE:**

Physical Exam: K/1 6  11

Dental Exam: K/1 3 7

**Exemption(s) on file**:

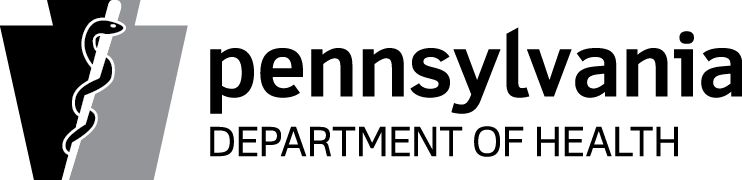
Medical

Dental

**ALLERGIES:**

**Epi-Pen prescribed**

Date cleared to self-carry: \_\_\_\_\_\_\_\_



**Bureau of Community Health Systems**

**Division of School Health**

## SCHOOL HEALTH RECORD

|  |  |  |
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| NAME: LAST, FIRST, MIDDLE | BIRTHDATE: MONTH, DAY, YEAR | GENDER:  MALE  FEMALE |
| FATHER’S NAME: LAST, FIRST, MIDDLE Legal Guardian Custodial | MOTHER’S NAME: LAST, FIRST, MIDDLE Legal Guardian Custodial | |
| PERSON WITH WHOM STUDENT LIVES IF DIFFERENT FROM ABOVE NAME AND RELATIONSHIP Legal Guardian Custodial | | |

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| **SCHOOL**  **YEAR** | **SCHOOL** | **DISTRICT** | **COUNTY** |
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| GRADE |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **SPECIAL HEALTH PROBLEMS/PARENT CONCERNS:** |

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| Page 2 of 4 |  | |  | |  | |  | |
| IMMUNIZATION HISTORY |  | |  | |  | |  | |
| **VACCINE** | **DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization** | | | | | | | |
| Diphtheria/Tetanus/Pertussis (child)  Type: DTaP, DTP or DT | 1 | 2 | | 3 | | 4 | | 5 |
| Diphtheria/Tetanus/Pertussis (adolescent/adult)  Type: Tdap or Td | 1 | 2 | | 3 | | 4 | | 5 |
| Polio  Type: OPV or IPV | 1 | 2 | | 3 | | 4 | | 5 |
| Hepatitis B (HepB) | 1 | 2 | | 3 | | 4 | | 5 |
| Measles/Mumps/Rubella (MMR) | 1 | 2 | | 3 | | 4 | | 5 |
| Mumps disease diagnosed by physician | Date:\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Varicella: Vaccine  Disease | 1 | 2 | | 3 | | 4 | | 5 |
| Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella | 1 | 2 | | 3 | | 4 | | 5 |
| Meningococcal Conjugate Vaccine (MCV4) | 1 | 2 | | 3 | | 4 | | 5 |
| Human Papilloma Virus (HPV)  Type: HPV2 or HPV4 | 1 | 2 | | 3 | | 4 | | 5 |
| Influenza  Type: TIV (injected)  LAIV (nasal) | 1 | 2 | | 3 | | 4 | | 5 |
| 6 | 7 | | 8 | | 9 | | 10 |
| 11 | 12 | | 13 | | 14 | | 15 |
| Haemophilus Influenzae Type b (Hib) | 1 | 2 | | 3 | | 4 | | 5 |
| Pneumococcal Conjugate Vaccine (PCV)  Type: 7 or 13 | 1 | 2 | | 3 | | 4 | | 5 |
| Hepatitis A (HepA) | 1 | 2 | | 3 | | 4 | | 5 |
| Rotavirus | 1 | 2 | | 3 | | 4 | | 5 |
| **Other Vaccines: (Type and Date)** | | | | | | | | |
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| **IMMUNIZATION EXEMPTION(S) on file:**  Medical  Religious/Philosophical  Date Rescinded\_\_\_\_\_\_\_\_ | | | | | | | | |

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| **VISION SCREENING** | | |  | | | | | | | | | | | | | |
| **Date** | **Grade** | **Annual** | | | | **Grade 1** | | **Grade 1 or 2** | | | | **Corrective**  **Lenses worn during screening** | | **Referral** | | **Signature (Screener)** |
| **Near**  **Visual Acuity** | | **Far**  **Visual Acuity** | | **Convex (Plus) Lens** | | **Color Vision** | | **Depth Perception** | | **Date referred** | **Date referral completed** |
| **R** | **L** | **R** | **L** | **pass** | **fail** | **pass** | **fail** | **pass** | **fail** | **Yes** | **No** |
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| **Page 3 of 4** | | |  |  |  |  | | |  |
| **DIAGNOSTIC TESTING** i.e. TB Tests, Blood Tests, X-Ray etc. | | | | |  | | | | | | | | |
| **Test** | **Date** | **Result** | | | **Test** | | **Date** | **Result** | | | **Test** | **Date** | **Result** |
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| **SCOLIOSIS SCREENING** | |  |  |  | |  | | | | | | | |  |
| **Date** | **Grade** | **pass** | **fail** | | **Previously**  **diagnosed** | | **Signature (Screener)** | **Date rescreened** | **pass** | **fail** | **Date referred** | **Date referral completed** | **Signature (Re-screener)** | |
|  | **6**  **Screened** |  |  | |  | |  |  |  |  |  |  |  | |
| **6th grade physical** | (6th grade physical may be used in place of 6th grade screen) | | | | | |
|  | **7** |  |  | |  | |  |  |  |  |  |  |  | |

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| **Page 4 of 4** | | | |  | | | | | | | | | |  | | | | | |
| **HEARING SCREENING** | | | |  | | | | | | | | | |  | | | | | |
|  | | **INDICATE DECIBEL (DB) LEVEL FOR EACH FREQUENCY FAILED** | | | | | | | | | | | | | **mandated for grades K, 1, 2, 3, 7, 11 and**  **annually for ungraded special education** | | | | |
| **Date** | **Grade** | **Right Ear** | | | | | | **Left Ear** | | | | | | | **Results** | | **Referral** | | **Signature (Screener)** |
| **250** | **500** | **1000** | **2000** | **4000** | **8000** | **250** | **500** | **1000** | **2000** | **4000** | **8000** | | **pass** | **fail** | **Date referred** | **Date referral completed** |
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| **GROWTH SCREENING** | |
| **ANNUAL** | | | | | | | |
| **Date** | **Grade** | **Height** | **Weight** | **BMI** | **BMI%** | **Date of notification to parent/guardian** | **Signature (Screener)** |
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