St. Paul's Lutheran School



IMMUNIZATION AND HEALTH INFORMATION

(For all students)

PHYSICIAN EXAM FORM

(For all students entering Kindergarten, 4th, & 7th grade, all sports participants, and all new students).

1300 N. Ballas Rd, Des Peres, MO 63131 314-822-2771 FAX 314-686-7880

To be Completed by Parent:

Date of Birth: Gender; (circle one) M F Grade;	Address:			City, State Zip	
To be Completed by Parent: Student Health History. Has child ever had any of the following? (Please circle.) If yes, please explain. Asthma Y N N Diabetes Y N N Diabetes Y N N Chicken Pox Y N Chicken Pox Y N Surgeries Y N N Hallergies Y N N Hallergies Y N N Hallergies Y N Hallergies Y N Medications (current or past)Y N Medications (current or past)Y N Medications (current or past)Y N N Student Orthopedic History: (for sports participation only) Head Injury Y N Neck/Back Y	Date of Birth:				
Immunizations (mm/dd/yyyy) To be Completed by Physician: Student Health History: Has child ever had any of the following? (Please circle.) If yes, please explain. Asthma	Parent/Guardian:				
Student Health History: Aschild ever had any of the following? Please circle) Please explain: Asthma	Home Phone #			Cell Phone #	
Epilepsy Y N MMR MCV Hep B Chicken Pox Other Serious Illness Y N If yes, please explain: Allergies Y N Other Serious Illness Is sailergic to.) Allergies Y N Other Serious Illness Is what child is allergic to.) Allergies Y N Other Serious Illness Is what child is allergic to.) Allergies Y N Other Serious Illness Is what child is allergic to.) Allergies Y N Other Serious Illness Is what child is allergic to.) Allergies Y N Other Serious Illness Is what child is allergic to.) Allergies Y N Other Serious Illness Illne	Student Health Histo Has child ever had any c (Please circle.) If yes, ple	ory: of the foll ease expla	owing? ain.	HIB DTP Tdap	Recommendation for School Special Seating RecommendedY N
Diabetes Y N N Chicken Pox Other Serious Illness Y N N If yes, please explain: Physical Findings	Epilepsy	Υ	Ν	MMR	
Chicken Pox Y N Other Serious Illness Y N Surgeries Y N Allergies Y N Allergies Y Physical Findings Medications (current or past) Y N Student Orthopedic History: (for sports participation only) Head Injury Y N Neck/Back Y N High/Leg/Foot Y N Is be Completed by Physician: (For students entering Kindergarten, 4 th Grade 7 th Crade, new to the school, or are intending to participate in sports.) Is child under care at this time? Y N If yes, please explain: Physical Findings Height (SP) Pulse (Eyes (Shoulder (Check one.)) Full Unlimited Participation (Check one.) Full Unlimited Participation (Check one.)	Diabetes	Υ	N	Hep B	(For sports participation) ROM
Other Serious Illness Y N Surgeries Y N Allergies Y N Allergies Y N (If yes, please explain: Medications (current or past)Y N Student Orthopedic History: (for sports participation only) Head Injury Y N Neck/Back Y N Hip/Leg/Foot Y N Hip/Leg/Foot Y N N (For students entering Kindergarten, 4" Crade Ph Grade, new to the school, or are intending to participate in sports.) Is child under care at this time? Y N If yes, please explain: Physical Findings Height Weight B/P Pulse Eyes Snellen Cover Test Chest/Lungs Heart Abdomen Hernia Lymph Nodes Genitalia Other Serious Injury Y N Neurology Phone Phone Lower Extremities Recommendation for Sports Recommendation for Sports Recommendation for Sports Recommendation for Sports (Check one.) Full Unlimited Participation No Participation Limited Participation Limited Participation Limited Participation Limited Participation Limited Participation No Partic	Chicken Pox	Υ	N	To be Completed by Physician:	Neck Shoulder Upper Extremities
Surgeries Y N Is child under care at this time? Y N If yes, please explain: Allergies Y N Physical Findings Medications (current or past) Y N Physical Findings Height Weight BP Pulse Eyes Snellen Cover Test Snellen Cover Test Snellen Chest/Lungs Head Injury Y N Physical Findings Neck/Back Y N Abdomen Hernia Abdomen Hernia Control Finding	Other Serious Illness	Υ	Ν	(For students entering Kindergarten, 4 th Grade 7 th Grade, new to the school, or are intending to	
Allergies Y N (If yes, please list what child is allergic to.) Medications (current or past) Y N Height Weight B/P Pulse Eyes Snellen Cover Test ENT Chest/Lungs Heart Abdomen Hernia Lymph Nodes Genitalia Neurology Physical Findings — Clearance withheld until — C	Surgeries	Y	N	Is child under care at this time? Y N	(Check one.) Full Unlimited Participation No Participation
Medications (current or past) Y N B/P	Allergies (If yes, please list what child				
Student Orthopedic History: (for sports participation only) Head Injury Y N Neck/Back Y N Heig/Leg/Foot Y N Other Serious Injury Y N Snellen Cover Test Signature of Examiner Cover Test Signature of Examiner Lymph Nodes Address Address Other Serious Injury Y N Snellen Signature of Examiner Lymph Nodes Address Phone Phone	Medications (current or p	ast)Y	N	Weight B/P	
Head Injury			<i>r</i> :	Snellen	Name of Examiner (please print)
Neck/Back Y N Heart		,	Ν	ENT Chest/Lungs	Signature of Examiner
Hip/Leg/Foot Y N Lymph Nodes	Neck/Back	Υ	N	HeartAbdomen	
Other Serious Injury Y N Neurology Phone	Hip/Leg/Foot	Υ	N	Lymph Nodes	Address
	Other Serious Injury	Υ	N	Neurology	Phone

I hereby give my consent for the student to represent his/her school in interscholastic activities, except those stated on this form by the physician. I also give my consent for him/her to accompany the team in its travels to practices, games or related activities sponsored by the school and will not hold the school responsible in case of accident or injury. I also give consent and authorize the school to obtain, through a physician of its choice such as medical care as is reasonably necessary for the welfare of the student, if she/he is injured in the course of school athletic activities. I also give consent for the school nurse or administrator to contact the child's physician concerning health issues.

Parent's Signature		
	Date	