VALLEY BROOK
COUNTRY DAY SCHOOL

SCHOOL HEALTH FORM
2015-2016

Name: _____ Birth Date: _____ Sex: _____ Age: _____
Parent or Guardian: _____ Phone: _____
Home Address _____
Business Address _____ Phone: _____
Second Parent or Guardian or Emergency Contact: _____
Home Address _____ Phone: _____
Business Address _____ Phone: _____
If Not Available in an Emergency, Notify: _____
Home Address _____ Phone: _____

PART I: HISTORY (to be completed by parent or medical staff)

Has the child had any of the following conditions? If yes, what year?

Measles _____ Mumps _____
Chicken Pox _____ Scarlet Fever _____
Whooping Cough _____ Poliomyelitis _____
Diphtheria _____ Diabetes _____
Rheumatic Fever _____ Hernia _____
Epilepsy _____ Otitis Media _____
Heart Disease _____ Convulsions _____
Pneumonia _____ Mental Retardation _____
Any Physical Handicaps? _____
Any Allergies? _____

PART II: RESULTS OF EXAMINATION (to be completed by Physician)

Scalp _____ Heart _____
Eyes & Vision _____ Pulse _____
Ears & Hearing _____ Abdomen _____
Nose _____ Genitalia _____
Teeth & Mouth _____ Extremities _____
Throat _____ Reflexes _____
Neck _____ Rectum _____
Lymph Glands _____ Skin _____
Spine _____ Thorax _____
Lungs _____ Other _____
Height _____ Weight _____

Physician's Signature **Date**

Physician's Name & Address:

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Child's Name: _____ Birth Date: _____

IMMUNIZATIONS *				
DTP or DTaP	1	2	3	
	4	5		
Td	1	2	3	
Polio	1	2	3	
	4			
Hib (Specify Type)	1	2	3	
	4			
MMR	1	2		
Measles				
Rubella				
Mumps				
Hepatitis B	1	2	3	
HBIG				
Varicella (Specify):	☐ Disease ☐ Vaccine	1	2	
Pneumococcal Conjugate (PCV 7)	1	2	3	
	4			
Pneumococcal				
Influenza	1a	1b	2	3
Hepatitis B Serology		Date:	Titer:	
Varicella Serology		Date:	Titer:	

*Transfer information from the immunization record onto this form. Attaching the immunization record is not acceptable. A printout from the immunization registry is acceptable. Note that ages 11-14 only requires two doses of Hepatitis B. Note whether date for Varicella is from disease (month/year) or vaccine (month/day/year). Note reactions by circling injection date in red. Also make entry in progress notes. Nurse to chart site and initial.