

Redeemer Lutheran School
Immunization & Physical Form

Student Name _____ Date of Birth _____ Grade _____ Age _____ Sex M _____ F _____

Parent/Guardian _____ Address _____ Phone _____

To be completed by Parent

HEALTH HISTORY: Give a brief history of any serious accident, operation and/or health conditions (such as rheumatic fever, asthma, diabetes, seizure, vision and/or hearing problems) of your child including allergies.

List any Medicine that your child is taking: _____

IMMUNIZATION

DTaP/DTP/DT	_____	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____	_____
MMR/Measles	_____	_____	_____	_____	_____	_____
Hepatitis B	_____	_____	_____	_____	_____	_____
Hib	_____	_____	_____	_____	_____	_____
Varicella	_____	_____	<u>OR</u> Chicken Pox Disease _____ (Date child had Chicken Pox)			
Meningococcal	_____	_____	_____	_____	_____	_____

MEDICAL SCREENING – to be completed by Physician

(Please check if Normal or Abnormal. If abnormal describe below)

	Normal	Abnormal		Normal	Abnormal
General Appearance	_____	_____	Abdomen	_____	_____
Eyes	_____	_____	Genitals	_____	_____
Ears/nose/throat	_____	_____	Skin	_____	_____
Mouth & teeth	_____	_____	Gait	_____	_____
Posture & Feet	_____	_____	Heart	_____	_____
Nervous System	_____	_____	Lungs	_____	_____
Musculo-skeletal	_____	_____	Lymph Nodes	_____	_____
Height _____			Weight _____		

Describe any abnormality: _____

- This pupil (May - May Not) participate in Physical Education.
- This pupil (May - May Not) participate in Sports.

LIMITATIONS: _____

PHYSICIAN'S NOTES : _____

DATE: _____ EXAMINING PHYSICIAN SIGNATURE _____