

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 _____ Tdap _____

Polio _____

Hepatitis B _____ Hepatitis A _____

MMR/Measles _____

Varicella _____ OR Chicken Pox Disease _____ (Date child had Chicken Pox)

Meningococcal _____

Hib _____

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 _____