

Parish Episcopal School

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Health History and Medical Exam (This form to be completed by physician)

***DUE - AUGUST 2, 2010**

***ALL STUDENTS ARE REQUIRED TO PROVIDE DOCUMENTATION
OF A PHYSICAL EXAM EACH YEAR***

In order to maximize student safety and expedite any emergency response, this form must be completed and on file in the School Office **every year**. **New students must provide a current immunization record from your physician/health department. Enrollment is NOT complete until this form is on file in the School Office.** A student will be exempt from these requirements only if legal documentation, showing medical or religious reasons, is provided to the school.

STUDENT NAME _____ Gender _____ GRADE 2010-2011 _____

Medical History

Circle all that apply: (Please attach additional documentation as needed)

Asthma Diabetes Seizures Migraines Cardiac Disorder

ADD/ADHD Emotional Disorder Nerve/Bone/Muscle Disorder GI Disorders

Allergies: _____

Current treatment or physician's recommendations: _____

Current medications: _____

Physical Exam (must be completed and signed by a physician)

Age: _____ Weight _____ Height _____ BP _____ Pulse _____ Resp _____

Neurological _____ Cardiovascular _____ Respiratory _____ Endocrine _____

Vision/Hearing/Spinal Screenings will **not** be available at Parish

Musculoskeletal _____ (Scoliosis screen REQUIRED for 6th and 9th)

VISION/HEARING REQUIRED FOR Pre-K II, Kindergarten, 1st, 3rd, 5th, 7th & All New Students

Vision: Right Eye 20/ _____

Pass _____ Fail _____

Left Eye 20/ _____

Pass _____ Fail _____

Screened with glasses/contacts? _____

Any referrals? _____

Hearing: Right Ear _____

Pass _____ Fail _____

Left Ear _____

Pass _____ Fail _____

Hearing Aids? _____

ACANTHOSIS NIGRICANS SCREEN (required in 1st, 3rd, 5th, & 7th grades)

Results: POSITIVE _____ NEGATIVE _____

Physician's Signature

Date