

MESSIAH LUTHERAN SCHOOL
 IMMUNIZATION AND HEALTH INFORMATION for all students
 PHYSICIAN'S EXAM FORM for kindergarten, 4th, 7th, and sports participation

Student:	IMMUNIZATIONS (Give M/D/Y)	TO BE COMPLETED BY PHYSICIAN (For students entering kindergarten or 4th grade)
Address:	HIB _____	RECOMMENDATION FOR SCHOOL Special seating recommended
Grade: Sex: (circle) M F	DPT _____	Medical treatment at school
Date of Birth: (M/D/Y)	DT Booster _____	ORTHOPEDIC EXAM (For sports participation)
Parent/Guardian:	Polio _____	ROM Back Neck/Shoulders Upper Extremities
Home Phone:	MMR _____ Rubella _____	Lower Extremities
Work Phone:	Tine/PPD _____	RECOMMENDATION FOR SPORTS (mark one)
HEALTH HISTORY--TO BE COMPLETED BY PARENT Has child ever had any of the following? (circle) If yes, please explain. Asthma Y N Epilepsy Y N Diabetes Y N Chicken Pox Y N Other Serious Illness Y N Surgeries Y N Allergies Y N Medications (current or past) Y N	Hep B _____ Varicella _____	____ Full unlimited participation ____ No Participation ____ Limited participation ____ Clearance withheld until _____ (Date)
Has child ever been advised to restrict activity in the last 5 years? Y N	TO BE COMPLETED BY PHYSICIAN (For students entering kindergarten or 4th grade, or intending to participate in sports.) Is this child under care at this time? Y N PHYSICAL FINDINGS Height Weight B/P Pulse Eyes: Snellen Cover Test ENT Hearing screen pass____ fail____ Chest/Lungs Heart Abdomen Hernia Lymph Nodes Genitalia Neurologic Scoliosis	Name of Examiner (please print)
ORTHOPEDIC HISTORY (For sports participation only) Head Injury Y N Neck/Back Y N Hip/Leg/Foot Y N Other Serious Y N		Signature of Examiner
		Date
		Address:
		Phone:

Parent's or Guardian's Permission For Interscholastic Sports Activities: 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 medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities.

Parent Signature

Date