

HEALTH ASSESSMENT REPORT

School Bishop Canevin High School Grade _____ Homeroom _____

Child _____ DOB _____ Gender: M F

HEALTH HISTORY (attach sheet if additional space is needed.)

Physical Examination:

Pulse B.P. _____ / _____ Ht. _____ Wt. _____	Resp. BMI _____ BMI % _____
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Visual Acuity	
Far O.D. _____	O.S. _____
Near O.D. _____	O.S. _____
(C or S Lenses) _____	

	Normal	Abnormal	Not Examined	Describe Findings
General Appearance				
Skin				
Eyes				
Ears (canals and TMs)				
Nose, Mouth, Throat				
Teeth, Gingiva				
Neck, Thyroid				
Chest (breasts)				
Lungs				
Heart				
Abdomen (hernia)				
Genitalia				
Joints, Muscles				
Posture, Gait				
Neurological				
Spine				

Immunizations: REQUIRED by state law for entry into school.

VACCINE Circle appropriate item	Enter Month, Day and Year EACH dose for the Immunization was given.				
Diphtheria, Tetanus and Pertussis (DTaP, DTP, Td or DT)	1	2	3	4	5
Tdap (required once 9th-12th grades)	1				
Polio (OPV or IPV)	1	2	3	4	
Hepatitis B	1	2	3		
Measles – Mumps – Rubella (MMR)	1	2			
Meningitis (MCV4)	1	2 (prior to 12 th gr.)			
Varicella (Vaccine or Disease)	1 (12-16 months)	2 (4-6 years)	If your child has not been vaccinated but has had the chicken pox disease you will need to provide a written statement from the child's doctor noting the month & year of the disease.		
Age appropriate dose(s) of varicella vaccine or history of disease and 3 doses Hepatitis B vaccine required for 12 years old or entry into 7 th grade.					

Immunizations: RECOMMENDED by the Health Department. Circle all your child has received.

VACCINE	1	2	3	Enter Month, Day and Year EACH Immunization was given.
Hepatitis A	1	2		
HPV	1	2	3	
Influenza				

Should this child have restrictions on play or physical education activities? YES NO

Assessment:

Plan:

Date

Name of Examiner

Signature of Examiner