



THE WOODHALL SCHOOL
ACADEMIC YEAR 2017 – 2018
PHYSICAL EXAMINATION RECORD

HEALTH

! !
OMISSION OF KNOWN HEALTH PROBLEMS CAN JEOPARDIZE A STUDENT'S HEALTH CARE AND WELL-BEING. A PHYSICAL EXAMINATION MUST BE FILED EACH YEAR BEFORE A STUDENT'S ARRIVAL TO CAMPUS. **PHYSICAL EXAMS MUST BE DONE WITHIN 12 MONTHS FROM THE DATE OF LAST PHYSICAL.**

TO BE COMPLETED BY MD/DO/RN/PA

STUDENT NAME _____ BIRTHDATE ____ / ____ / ____

!

DATE OF EXAMINATION ____ / ____ / ____

!

HEIGHT INCHES	WEIGHT LBS.	BLOOD PRESSURE /	PULSE
----------------------	--------------------	-------------------------	-------

!

URINALYSIS sugar _____ albumin _____ micros _____	HEMOGLOBIN OR HEMATOCRIT !	TUBERCULIN TEST Type _____ Reaction (in mm) _____ Given on ____ / ____ / ____ Read on ____ / ____ / ____
--	-------------------------------	--

!

Allergies _____ **Asthma** (preventative & emergency treatment) _____

Dietary (Needs/Restrictions) _____

INDICATE ABNORMALITIES TO THE FOLLOWING SYSTEMS. DESCRIBE FULLY.

	WNL	ABNL
Eyes		
Head, ears, nose, throat		
Hearing		
Respiratory		
Hernia		
Genitourinary		
Musculoskeletal		
Metabolic/endocrine		
Neuropsychiatric		
Skin/teeth		
Other:		

Known condition of:	Date (mm/dd/yy)	Treatment
Ankle		
Knee		
Shoulder		
Head		
Other:		

My examination finds the above named student in good health. He is free from contagion, physically, and emotionally qualified for a full program of study and contact sports.

! Yes ! No

If no, please explain _____

Have there been any significant medical problems not noted above? ! Yes ! No If yes, please indicate _____

Please attached an additional sheet, if necessary.

Examining physician (printed) _____
Address/City/State/ZIP _____ Phone _____
Signature _____ Date _____

THE WOODHALL SCHOOL

ACADEMIC YEAR 2017 – 2018

IMMUNIZATION RECORD

The following immunizations **must** be administered as described below:

DTP or DTaP at least 4 doses. Last dose must be given on/ after the 4th birthday. Students who start series at age 7 or older only need a total of 3 doses.

DT booster one every 10 years. One dose must be within 10 years of the first day of classes.

OPV/IPV polio 3 doses required—the last dose must have been given after the 4th birthday

Hepatitis B 3 doses, last dose on/after 24 weeks of age

MMR 2 doses separated by at least 28 days, 1st dose on or after 1st birthday

Varicella (chickenpox) 1 dose on or after the 1st birthday or verification of disease

Meningococcal 1 dose or **Meningococcal Booster** for students age 16 or older.

TO BE COMPLETED BY MD/DO/RN/PA

STUDENT NAME _____ BIRTHDATE ____ / ____ / ____

	1	2	3	4	5	6
Vaccine/Dose	M/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
DTP or DTaP	/ /	/ /	/ /	/ /	/ /	/ /
DT booster	! Tdap ! Td ! DT / /	! Tdap ! Td ! DT / /	! Tdap ! Td ! DT / /	! Tdap ! Td ! DT / /	! Tdap ! Td ! DT / /	! Tdap ! Td ! DT / /
Polio	! IPV ! OPV / /	! IPV ! OPV / /	! IPV ! OPV / /	! IPV ! OPV / /	! IPV ! OPV / /	! IPV ! OPV / /
Hepatitis B	/ /	/ /	/ /	/ /		
MMR <small>Measles, Mumps, Rubella</small>	/ /	/ /	/ /			

IF MMR was not given, individual immunization should be listed below.

Measles (Rubeola)

1. Two doses required, at least one month apart, after 12 months of age **OR**
2. Date disease diagnosed and certified by physician **OR**
3. Lab test proving immunity

/ /	/ /
/ /	Attach lab report
/ /	

Rubella (German measles)

1. One dose required, after 12 months of age **OR**
2. Lab test proving immunity

/ /	Attach lab report
/ /	

Mumps

1. One dose required, after 12 months of age **OR**
2. Date disease diagnosed and certified by physician **OR**
3. Lab test proving immunity

/ /	Attach lab report
/ /	
/ /	

Varicella <small>chickenpox</small>	/ /	/ /	/ /	OR Hx of disease / /
---	-----	-----	-----	-----------------------------

Meningococcal	/ /	Meningococcal Booster	/ /
----------------------	-----	------------------------------	-----

Other <small>Specify:</small>	/ /
---	-----

!

HEALTH CARE PROVIDER SIGNATURE VERIFYING ABOVE INFORMATION			
Name (print) _____	Signature _____	Date _____	
Address/City/State/ZIP _____		Phone _____	