Waldorf School of Princeton
Medical Records 2011-2012

To be completed by Parent/Guardian (Kindly print) **Date_____________**

Child's Last Name______________________ First Name____________________ Middle Name____________________

Father's Name_________________________________ Mother's Name_______________________________________

Address____

Date of Birth____________________ Male _____ Female _____ Telephone #__________________________________

Country of Birth____

Emergency Contact: Name___________________________________ Relationship______________________________

Address____ Telephone #______________________________

HEALTH HISTORY

1. Illnesses with Dates:

Mumps	German Measles
Roseola	Chicken Pox
Mononucleosis	Step Throat
Rheumatic Fever	Lyme Disease

Other:____

2. List any Surgeries, Injuries or Medical Conditions along with Dates:

____

3. Does your child have any of the following conditions? (give approximate year of diagnosis)

Drug Allergies	Neuromuscular Conditions
Food Allergies	Heart Conditions
Peanut Allergy	Congenital Conditions
Bee Sting Allergy	Seizures
Other Allergy	Asthma
Diabetes	Other

4. Does your child wear glasses?_____ Contact Lens?_____ Reason__________________

5. Does your child use hearing aids? ____ Left ____ Right ____ Reason________________

6. Does your child use any type of prosthesis? ___________ Reason__________________

7. Is your child on any medication? ______________ List Name of medication and specify condition for which medication is given: ____

8. Will your child require medications during school hours? ____

9. List Any Health Conditions or Problems we should be aware of:______________________________________

____

Name, Address & Phone of Child's Physician: ____

____

Name, Address & Phone of Child's Dentist: ____

____

I give permission to share medical information with the appropriate school staff: Yes ___ No ___

<u>BE SURE TO KEEP A COPY OF THE COMPLETED HEALTH FORM FOR YOUR RECORDS</u>

Parent/Guardian signature:_______________________________ **Date**:_____________

<u>ATTACH A COPY OF COMPLETE IMMUNIZATION RECORDS</u>

Waldorf School of Princeton
Record of Physical Examination
To be completed by a health care provider. PLEASE SIGN AND DATE

Name of student: ____ Birth Date: ______________________

Gender: M / F (circle) Grade: __________________

Height:_______________ Weight:______________ Blood Pressure:_____________ Pulse: (bpm) ______

Vision: R 20/___ L 20/___ Corrected: Y / N Glasses: Y / N Contacts: Y / N Hearing: R____ L ___

Immunizations/Mantoux result: Complete reverse side or attach copy.

	Normal	Abnormal	Comments
Head/Neck			
Eyes/Sclera/Pupils			
Ears			
Nose			
Heart: Murmur/Rhythms			
Lungs: Auscultations/Percussion			
Chest Contour			
Skin			
Abdomen: Assessment (inc. Liver, spleen)			
Tanner Stage: Testes/Onset of Menses			
Hernia			
Neck/Back/Spine Range of Motion: Scoliosis:			
Upper Extremities			
Lower extremities			
Neurological: Balance & Coordination			
Romberg:			
Heel Walk:			
Tandem Walk:			
Nose Touch:			
Toe Walk:			

History of Illness/Injury: ____

Remarks/Impression/Summary: ____

ALLERGY: ____

MEDICATION: ____

May participate in school activities without limitations: ___________Yes _______________No
If not, specify limits:____

____

Physician's Signature: ____ **Date of Exam**_______________
Physician's Stamp **(complete other side)**

ATTACH A COPY OF COMPLETE IMMUNIZATION RECORDS

Please complete or attach a copy.

Vaccine Type	Disease Date	1st Dose Mo/Day/Yr	2nd Dose Mo/Day/Yr	3rd Dose Mo/Day/Yr	4th Dose Mo/Day/Yr	5th Dose Mo/Day/Yr	6th Dose Mo/Day/Yr
Diphtheria/Tetanus Pertussis, DPT	X						
Oral Polio (OPV) If Salk (IPVO) indicate	X						
MMR (Measles, Mumps & Rubella	X						
Measles	X				Measles or Serology	Date	Titer
Rubella	X				Rubella or Serology	Date	Titer
Mumps	X				Mumps or Serology	Date	Titer
HIB							
Hep B							
Varicella							
Prevnar	X						
Hep A							
Flu	X						
Meningitis							
BCG	X						

TB Screening (Mantoux Test)	Chest X-Ray		Result	Therapy
Date	Date	Normal	Abnormal	Case Reactor
Tested Read Result (MM)				Date Started Date Completed

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