

The Manor School 2011-12 Health Certificate

Code O--Normal X--To be Watched XX--Needs Medical Attention XXX--Immediate Attention
Print Name _____ DOB _____ Place OB _____

Home Address _____ SS# _____ Sex: _____

Mother's Name _____ Father's Name _____

I. Name _____ Record No. _____

Birthdate _____ Address _____

Height _____ Weight _____ Sex _____

II. General Appearance:

Nutrition _____ Nose _____ Lungs _____ Malformation _____

Head _____ Throat _____ Abdomen _____ Chest _____

Eyes _____ Heart _____ Genitalia _____ Tonsils _____

Ears _____ Adenoids _____ Skin _____ Teeth _____

III. Laboratory Findings:

Tuberculin Test _____ Stool _____

Blood Test Hematocrit _____ Hemoglobin _____

Sickle Cell Anemia _____ Urinalysis _____

IV. Immunizations: (Physicians, please add any newly required item not included.)

IPV 1. _____ 2. _____ 3. _____ FLU 1. _____ 2. _____ 3. _____ 4. _____

DTAP 1. _____ 2. _____ 3. _____ 4. _____ HIB 1. _____ 2. _____ 3. _____ 4. _____

MMR 1. _____ 2. _____ HEPATITIS B 1. _____ 2. _____ 3. _____

BCG 1. _____ 2. _____ 3. _____ HBIG 1. _____

PPD 1. _____ 2. _____ 3. _____ VARICELLA 1. _____ 2. _____

Others 1. _____ 2. _____ 3. _____ PCV 7 1. _____ 2. _____ 3. _____ 4. _____

Tuberculosis skin test PPD (indicate date done and result) _____

History of Diseases (Give Dates):

Mumps _____ Polio _____ Chicken pox _____

Measles _____ Whooping Cough _____

Other diseases and illnesses including history of allergies _____

Vision Screening Results:

Right: _____ Left: _____ Referral: No _____ Yes _____

Family History of Diseases:

Parasites Yes _____ No _____ Explain _____

Tuberculosis Yes _____ No _____ Explain _____

Diabetes Yes _____ No _____ Explain _____

Others _____

I have found this child free of communicable and contagious diseases. Yes _____ No _____

I recommend this child for group day care. Yes _____ No _____

Recommendations for follow-up medical care _____

Date of Examination _____ Physician's Signature _____