

The Manor School 2010-11 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.)

IPV1. _____ 2. _____ 3. _____ FLU 1. _____ 2. _____ 3. _____ 4. _____

DTAP1. _____ 2. _____ 3. _____ 4. _____ HIB 1. _____ 2. _____ 3. _____ 4. _____

MMR1. _____ 2. _____ HEPATITIS B 1. _____ 2. _____ 3. _____

BCG1. _____ 2. _____ 3. _____ HBIG 1. _____

PPD1. _____ 2. _____ 3. _____ VARICELLA 1. _____ 2. _____

Others1. _____ 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 _____