

St. John School Health Information and Physical Exam Form

NEW students entering Early Childhood to 8th grade

And ALL Kindergarten, 4th, and 7th grade students.

Student: _____

Date of Birth: _____

Grade: _____

St. John School requires all students provide a **completed physical dated within the past 12 months and a current immunization record. A student missing items will not be able to attend until the required paperwork is on file.** If the child has an immunization exemption, the original copy from the Health Department must be up to date and on file in the School Office by August 1. Return this completed form to: John School, Attn: School Nurse - 15800 Manchester Road, Ellisville, MO 63011, e-mail: nurse@stjstl.net or Fax: 636.394.6274. Questions contact Nurse at phone: 636.779.2365.

Health History - to be completed by parent/guardian

History/Medical Diagnoses – Check any that apply:

- Asthma ADHD Chicken Pox Diabetes Epilepsy Heart/Lung
- Hearing Glasses/Contacts Surgery: _____
- Allergies (Food, Medication, Other): _____
- Other Health Concerns: _____

Current medications: _____

Medical diagnoses that impact your child's health and safety during the school day and/or require treatment or accommodations, such as severe food allergies, will need additional health care plans. Please contact the school nurse to complete this information.

Orthopedic History – Check any that apply:

- Head Injury Leg/foot Injury Back/Neck Injury Explain: _____

Physician's name: _____ Phone Number: _____

Dentist's name: _____ Phone Number: _____

To ensure safe care of my child, I agree that pertinent health information may be shared with appropriate school staff. I agree to alert the school nurse of any change in medication or health status of my child. I will furnish the school with current phone numbers and address in case of an emergency. The school nurse may contact the health care provider regarding any health concerns pertaining to students. I understand that basic first aid and emergency care will be provided as needed by school staff. I understand an updated immunization record must be on file with the school prior to first day attendance.

Signature of Parent/Guardian: _____ Date: _____

Physical Examination – to be completed by Physician

Date of Exam: _____ Height: _____ Weight: _____ B/P: _____ / _____ Pulse: _____

Eyes: R: _____ L: _____ Hearing: _____

History/Medical Diagnoses – Check any that apply: **IMMUNIZATION RECORD must be attached**

- Chronic Condition/Major Surgeries: _____
- Allergies (list): _____ Medications (list): _____
- Special Seating Recommendation: _____ Scoliosis: _____
- Medications to be taken at school (list): _____

ORTHOPEDIC EXAM (for PE/sports participation)

ROM Back Neck Shoulders Lower Extremities Upper Extremities

If not, explain: _____

- Full Participation Limited(explain): _____ None

Physician's name: _____ Phone Number: _____

Address: _____

Signature of Physician: _____ Date: _____