Jesus is Lord

KOINONIA ACADEMY MEDICAL HISTORY AND PHYSICAL EXAMINATION

Student's Name_____ Birth Date_____

Address _____ Telephone #_____

Height_____ Weight_____ Blood Pressure _____

History of: (Check if "yes" and explain on back)

Allergies_____ -**If severe, submit protocol**
Asthma_____ -**Submit protocol**
Diabetes _____ -**Submit protocol**
Drug Sensitivities _____
Epilepsy or Convulsions_____
Dental Concern (caps, braces, etc.)_____
Fainting_____
Head Injury _____
Heart Disease _____
Lyme Disease _____
Congenital Problem_____
Rheumatic Fever _____
Serious Injury _____
Serious Illness _____
Surgery _____
Speech Problem _____
Vision Problem _____
Other Medical problem _____
Significant family medical problem_____

Physical Examination:

Ears_____
Eyes_____
Lymph Glands _____
Thyroid_____
Nose_____
Throat_____
Teeth-Mouth_____
Heart_____
Lungs_____
Abdomen_____
Hernia _____
Genito-Urinary _____
Orthopedic:
-Structural_____
-Posture_____
-Scoliosis_____
-Feet _____
Skin (non Comm.)_____
Nutrition_____
Nervous System_____

General Condition:_____ Recommendations:_____

This student is able to participate in all usual school activities, including Physical Education, with the following exceptions:_____

Date of Examination:_____ Examining Physician:_____

Date of last TD Booster:_____ Other Recent Immunizations_____

Please use reverse side for additional information which you feel may be of value to the school.

NOTE: If this student is taking any regular medication, please list. If **any** medication needs to be administered **at school**, please attach a prescription and directions for medication. This includes over the counter {ex. Tylenol}, emergency {ex. for acute allergy or asthma}, as well as any prescription drugs needed by this student.

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FOR NEW STUDENTS ONLY:

PLEASE INDICATE COMPLETE DATES WHEN THE FOLLOWING IMMUNIZATIONS WERE GIVEN.
ALL ARE REQUIRED BY NEW JERSEY STATE LAW

DPT {4 doses + Booster} _____, _____, _____, _____, _____
{Final dose on or after 4th birthday}
POLIO {4 doses} _____, _____, _____, _____, _____
{Final dose on or after 4th birthday}
MMR: #1 dose after 15 months of age _____ Dose #2_____2nd Dose required if born after 1/90
Hepatitis B _____, _____, _____, Hepatitis A _____, _____

Varicella (Chicken Pox) - Date of disease or Immunization_____, _____ *Required if born after 1/1/98

DPT Booster for students entering Grade 6_____.

Meningococcal Vaccine for students entering Grade 6 _____.

2008