



Immunization, physical and sport form for school year 2016/2017

**School Nurse**  
 (636) 779-2365  
 Fax # (636) 394-6274  
 15800 Manchester Rd.  
 Ellisville, MO 63011

**Immunization and Physical Exam Form for:**  
**ALL new students entering preschool through 8th grade,**  
**And ALL Kindergarten, 4th, and 7th grade students.**

**Immunization Information to be completed for ALL Students**

Student: _____ Address: _____ City/St/Zip: _____ _____ Grade 2014/15: _____ Gender: M F Date of birth: _____ Parent/Guardian: _____ _____ Home #: _____ Mother-Cell _____ Father Work/Cell _____	<b>IMMUNIZATIONS</b> (month/day/year)  DTaP _____ DT Booster _____ Polio _____ MMR _____ Rubella _____ Hib _____ Tine/PPO _____ Hepatitis B _____ Varicella _____ Other _____	<b>Health History to be completed by a parent/guardian.</b> Has your child ever had any of the following? Please circle; <i>if yes, please explain on back of form.</i> Asthma Y N Epilepsy Y N Diabetes Y N Chicken Pox Y N Any serious illness Y N Surgeries Y N Allergies Y N _____ Medication Y N <b>Orthopedic History:</b> Head injury Y N Leg/foot injury Y N Neck/Back injury Y N Dentist name: _____ Phone # _____
--	--	--

**Physical Exam Form to be Completed by Physician**  
 For 1st time Pre-Schoolers, ALL Kindergartners, ALL students participating in sports, 4th and 7th grade students, and any new student to St. John Lutheran School.

Is this child under any medical care at this time? Y N <b>Physical findings:</b> Height: _____ Weight: _____ Blood pressure: _____ Pulse: _____ Eyes: _____ Hearing: _____ _____ <b>ENT</b> Chest/lungs Heart Abdomen Hernia Lymph Nodes Genitalia Neurological Scoliosis (Use back to explain) Recommendation for school: Special seating Y N Med. treatment @ school Y N	<b>Name &amp; Address of Examiner (please print/stamp)</b> _____ Signature of examiner: : _____ <b>DATE:</b> _____ Phone #: _____ <b>(Parent signature required on back of this form for after school sport participation)</b>	<b>ORTHOPEDIC EXAM (for sports participation only)</b> ROM Back Neck/Shoulders Upper Extremities Lower Extremities (Use back to explain) Full unlimited participation _____ Limited participation _____ Explain _____ NO participation _____ Explain _____
--	---	---

## Parents / Guardian's Permission for Interscholastic Sports Activities

I \_\_\_\_\_ hereby give consent for \_\_\_\_\_ in grade \_\_\_\_\_ to represent his/her school (St. John Lutheran) in interscholastic activities, except those stated on this form by a physician. I also give my consent for him/her to accompany the team in its travels to practice, games and/or related activities sponsored by the school, and will NOT hold the school responsible in case of accident/injury. I also give consent and authorize the school to obtain, through a physician of choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of the school's athletic activities.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School year: 20\_\_\_\_ to 20\_\_\_\_

- **Explanation of medical history:**

---

---

---

- **\*\* Physician's additional notes only:**

---

---

---

---

Please understand that per state requirements, your child will not be allowed to attend school without an up to date immunization record.

### St John School Health Policy

—If a student has a temperature of 100 degrees or higher they should not be sent to school until the temp has been less than 100 for 24 hours.

—A student diagnosed with a communicable disease should be kept home until they are fever-free or on antibiotics for 24 hours.

—Please notify the school office if your child has a contagious illness.

—Our goal is to keep the kids in school. But when any child attends school feeling poorly, it is hard on his health and potentially exposes others to illness.