Physical Examination Form 2009-2010

Return form by August 1, 2009

INSTRUCTIONS

- *New students*: All new students are required to have a physical exam done within one year of school entry. **This physical exam must be performed and the entire form completed by a U.S. licensed medical doctor (MD), doctor of osteopathy (DO), advanced practice registered nurse (APRN), or physician assistant (PA).**
- *Returning students*: Physical examinations are required of returning students entering grades 3, 6, 9, 10, 11, and 12. Returning students may have their physical exams completed by physicians licensed in other countries.
- ***Athletic Participation:*** This form is required for athletic participation.
- ***Students with religious exemption*** are required to submit a religious exemption form.

HPA may delay class entry to a student who has not met all the health requirements by the first day of school.
Return this form by **AUGUST 1, 2009** to: HPA Health Services, 65-1692 Kohala Mtn. Rd., Kamuela, HI 96743.

Name: ______________________ Date of Birth: __________ Grade: __________

HEALTH HISTORY

Height (in): __________ Weight (lbs): __________ Vision – RT: __________ LT: __________

Blood Pressure: __________ Resting Pulse: __________ Hearing – RT: __________ LT: __________

Tuberculosis (TB) Test - A TB test is required of all new students. Students returning from an area of high TB prevalence may be re-tested by school health staff upon their return to school. A chest x-ray is required if PPD result is >10 mm. A TB test for a new student must be completed by a US licensed qualified personnel or the test will be redone when the student arrives at school.

PPD – Date given: _______ Date read: _______ Result: _________ mm X-ray date: _________ Result: _________

BCG – ☐ No ☐ Yes Date: __________

Illnesses – Mark all that apply and indicate date of occurrence(s).

☐ Chicken Pox: ________	☐ Concussion: ________	☐ Diabetes: ________
☐ Measles: ________	☐ Epilepsy: ________	☐ Anemia: ________
☐ Mumps: ________	☐ Depression: ________	☐ Eating Disorder: ________
☐ Rubella: ________	☐ Mononucleosis: ________	☐ STI: ________
☐ Poliomyelitis: ________	☐ Asthma: ________	☐ Dizziness or syncope during or after exercise: ________
☐ Diphtheria: ________	☐ Eczema: ________	
☐ Whooping Cough: ________	☐ Heart Condition: ________	☐ Chest pain during or after exercise: ________
☐ Rheumatic Fever: ________	☐ High Blood Pressure: ________	
☐ Typhoid Fever: ________	☐ Hepatitis: ________	

Injuries—Mark all those that apply and indicate date of occurrence(s) and location of injury(ies).

☐ Injuries: ________	☐ Dislocations: ________
☐ Fractures: ________	☐ Swelling: ________
☐ Sprains: ________	☐ Surgeries: ________
☐ Strains: ________	________

Hospitalizations – List dates and reasons: ______________________

Family history of heart disease or sudden death before age 50 – explain: ______________________

Clinical Findings

Posture & Gait: ________	Groin & Genitals: ________
Skin, Hair, Scalp: ________	Anus & Rectum: ________
EENT: ________	Back & Extremities: ________
Teeth & Mouth: ________	Glands: ________
Neck & Thyroid: ________	Neurological: ________
Heart: ________	Psycho-social: ________
Lungs & Chest: ________	Nutrition: ________
Abdomen: ________	Menses: ________

Continued on back →

FOR HPA USE:
Received by: ________ Date: ________ Logged by: ________ [Original to HS]

Name: Grade:

REQUIRED IMMUNIZATIONS for school entry in Hawai'i - Kindergarten-Grade 12. Required minimum intervals between vaccine doses must be observed. A copy of an immunization record may be attached. This record must be signed by a U.S. licensed medical doctor (MD), doctor of osteopathy (OD), advanced practice registered nurse (APRN), or physician assistant (PA), and must be in English or accompanied with an English translation.

Vaccine	# of Doses	Vaccine Abbreviations
DTP or DTaP	5	DTP=Diphtheria-Tetanus-Pertussis; DTaP=Diphtheria-Tetanus-acellular Pertussis
Polio	4	Polio=OPV or IPV; OPV=Oral Polio Vaccine; IPV=Inactivated Polio Vaccine
MMR	2	MMR=Measles-Mumps-Rubella (Two doses of measles required with at least one being MMR)
Hepatitis B	3	Hep B=Hepatitis B (Required for school entry for all students born after December 31, 1992)
Varicella	1-2	Chicken Pox (Required for all new students with no history of chicken pox disease, and for any student entering grade 7 with no history of chicken pox disease. Two doses required if first dose given on or after 13th birthday.)
Meningococcus		Recommended. Please discuss with your primary care physician for his/her recommendation.

IMMUNIZATIONS—Please list complete history from birth.

	BASIC			BOOSTER		
	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y	M/D/Y
Diphtheria	______	______	______	______	______	______
Tetanus	______	______	______	______	______	______
Pertussis	______	______	______	______	______	______
Polio	______	______	______	______	______	______
Varicella	______	______				

	BASIC		
	M/D/Y	M/D/Y	M/D/Y
Mumps	______	______	______
Measles	______	______	______
Rubella	______	______	______
Hepatitis A	______	______	
Hepatitis B	______	______	______
Meningococcus		______	______

OTHER CONCERNS

Any health conditions that should be called to our attention (e.g. allergies, medications): ______

Physical restrictions/reasons: ______

Sports/PE restrictions/reasons: ______

Diet restrictions/reasons: ______

Recommendations for modified physical activity programs: ______

Additional Notes/Comments: ______

PHYSICIAN INFORMATION

______ Signature of examiner

______ Print name

______ Address

______ US license #

______ Phone

______ Fax

______ Date of exam