Horseheads Central School District

One Raider Lane

Horseheads, NY 14845

Health Evaluation and Certificate of Immunizations

Name: ______________________ Birthdate: ______________ Date of Exam: ______________

Name of School: ______________________________ Grade: ______________________

Height: _______ Weight: ________ BMI ______ %______Blood Pressure: _______ Hearing: _______ Vision: _______

Medical History: NORMAL, EXCEPT FOR: ______________________________________

☐ **Asthma** **Diabetes -** ☐ **Type 1** ☐ **Type 2** ☐ **Hyperlipidemia** ☐ **Hypertension**

Physical Development/Exam: NORMAL, EXCEPT FOR: ______________________________

Tanner Stage: 1 2 3 4 5 (circle) **Scoliosis:** Yes No (circle)

Intellectual Developmental: NORMAL, EXCEPT FOR: ______________________________

Emotional Developmental: NORMAL, EXCEPT FOR: ______________________________

IMMUNIZATIONS AND TESTS

Lead Level ☐

Hgb ☐

Urinalysis ☐

Varicella Disease Date ☐

Hepatitis A ☐ ☐

Hib ☐ ☐ ☐ ☐

Rotavirus ☐ ☐ ☐

MMR ☐ ☐ ☐ Varicella ☐ ☐ ☐

Meningococcal ☐ ☐

Hepatitis B ☐ ☐ ☐

DTap	DT	Td	Tdap
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐
☐	☐	☐	☐

Pneumococcal ☐ ☐ ☐ ☐

IPV ☐ ☐ ☐ ☐

HPV ☐ ☐ ☐

Other ☐ ☐ ☐ ☐

Most Recent Influenza ☐

This child may participate in regular programs as follows:

ACADEMIC __________ PHYSICAL / SPORTS __________ SWIMMING __________ WORK PAPERS __________

EXCEPTIONS: ____

Health Specifics

Are there allergies? (Specify)	Yes	No	
Is medication regularly taken? (Specify drug and condition)	Yes	No	
Is a special diet required? (Specify diet and condition)	Yes	No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes	No	
Are there any medical or developmental conditions requiring special attention?	Yes	No	

Signature of Examiner ____________ Please Print Name ____________ Date ____________