



# Rehoboth Christian School PHYSICAL EXAM FORM 2015-16

The state of New Mexico requires all new students have their physical and immunization records updated before they start the new school year. Please have your doctor fill out the following and return it to the school by enrollment day.

## IMMUNIZATION RECORD (To be completed for New Students Only)

STUDENT'S NAME: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

New Mexico law requires that ALL students be immunized against Diphtheria, Varicella, Hepatitis B, Tetanus, Pertussis (whooping cough), Polio, Rubella and Measles. TB test is not required.

**PLEASE FILL OUT** the following information accurately (or attach a photocopy of immunization record). This record must be brought to the school **before the student begins attendance**. Information must be correct in order to comply with the law.

<b>Dtap</b>	_____	<b>MMR # 1</b>	_____	<b>Varicella</b>	_____
	_____	<b>MMR # 2</b>	_____		_____
	_____				
	_____	<b>HIB 1</b>	_____	<b>Pneumocacal 7</b>	_____
		<b>HIB 2</b>	_____		_____
		<b>HIB 3</b>	_____		_____
<b>Booster Tdap</b>	_____	<b>Hep A</b>	_____	<b>Pneumocacal 13</b>	_____
	_____		_____		_____
<b>Polio</b>	_____		_____	<b>HPV</b>	_____
	_____		_____		_____
	_____		_____	<b>MCV 4</b>	_____
	_____		_____		_____
<b>Booster</b>	_____	<b>Hep B</b>	_____		
	_____		_____		

### PLEASE NOTE ANY IRREGULARITIES or LIMITATIONS.

**Yes**, I certify that I have on this data reviewed the above history and examined this individual and find him/her physically able to compete in interscholastic athletics. \_\_\_\_\_ (Physician Initials)

**No**, based on the reviewed data and examination, I **do not** allow this individual to compete in interscholastic athletics. \_\_\_\_\_ (Physician Initials)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

Eye – Uncorrected R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_ Corrected R 20/ \_\_\_\_\_ L 20/ \_\_\_\_\_

\_\_\_\_\_  
*Doctor's Signature* Address: \_\_\_\_\_

\_\_\_\_\_  
*Date of Exam* Phone: ( ) \_\_\_\_\_

REMARKS: \_\_\_\_\_