

Yavneh Academy Health Form
Complete by Health Care Provider

Grade as of 09/01/2016 _____ Age as of 09/01/2016 _____

Name of Student: _____ D.O.B: _____ Allergies _____

Height: _____ Weight: _____ Body Mass Index: _____ Blood Pressure: _____ / _____

Vision: R 20/ _____ L 20/ _____ Corrected: Y / N Hearing: Left _____ dcb Right _____ dcb

Scoliosis: Negative Positive Tuberculosis/Mantoux: Date _____ Pos/Neg Chest x-ray _____

Hemoglobin/Hematocrit: _____ Lead Screening: _____ Urinalysis: _____

INDICATORS	NORMAL	ABNORMAL FINDINGS/COMMENTS
Ears (otoscopic)	Yes/No	
Eyes	Yes/No	
Lymph Glands	Yes/No	
Thyroid	Yes/No	
Nose	Yes/No	
Throat	Yes/No	
Teeth-Mouth	Yes/No	
Heart	Yes/No	
Lungs	Yes/No	
Abdomen	Yes/No	
Hemia	Yes/No	
Genito-Urinary	Yes/No	
Orthopedic	Yes/No	
Skin (Non Com.)	Yes/No	
Nutrition	Yes/No	
Nervous System	Yes/No	
Speech	Yes/No	
Other	Yes/No	

Participation in sports/physical activities: Full: _____ Restrictions: _____

DATES IMMUNIZATIONS WERE GIVEN

DTaP/DT						Tdap **				
OPV/PV						MMR				
HIB						Measles				
HEP B						Mumps				
Influenza *						Rubella				
Meningococcal **						Varicella				
Pneumococcal						Other				

* Mandatory for all pre-school children between 9/1 to 12/1 yearly ** Mandatory for entering 6th grade

Signature of Examining Physician: _____ Date: _____

Address: _____

Phone Number _____ Fax Number _____

MEDICATION AUTHORIZATION

acetaminophen or ibuprofen for fever, headache and/or pain

antacid for mild stomach upset

May be administered by the School Nurse on an as needed basis. Dosage to be determined by age and weight.

Physician signature

Parent/Guardian signature

Date

