CHILD HEALTH EXAMINATION **Garden County Schools** Student Name: _____ ID # _____

(Information on this form may be shared with appropriate personnel for health and educational purposes.) Please Print Information Clearly

Student's Name: (Last First Middle)			Birth Date: (Month Day Year)	Sex	Grade Level	ID #
Address	City	Zip	Parent/Guardian		Home Phone:	Work Phone:

Health History: To Be Completed by Parent/Guardian	**Student**		**Family**		
✓ all that apply to your Child or your immediate Family	**No**	**Yes**	**No**	**Yes**	**Comments**
Asthma					
Blood Disorders: e.g. Hemophilia, Sickle Cell, Hepatitis					
Blood Pressure (High or Low)					
Birth Defects					
Bone/Joint Problems/Injury					
Developmental Delay					
Diabetes					
Dizziness or Chest Pain with Exercise					
Ear/Hearing Problems					
Head Injury/Concussion/Passed Out					Date:
Heart Problem/Heart Murmur/Shortness of Breath					
Scoliosis					
Seizures					If Yes, What are they like?
Wheeze/Cough During or After Play					Indicate Severity:
Tobacco Use (Type, Frequency)					
Alcohol/Drug Use					
Family History of Sudden Death before Age 50					Cause:
Serious Injury or Illness					
Chickenpox? Year of disease or date of Vaccine: _____	❑ No ❑ Yes Loss of Function of One of Paired Organs? (Eye/Ear/Kidney/Testicle)				
Last Tetanus Shot Date:	Hepatitis B Series (give dates): #1 #2 #3				

Eye/Vision: ❑ Glasses ❑ Contacts
Other Concerns?

Last Exam: _____

Hospitalizations, Surgery: (List All)
When? What For?

Dental/Oral: ❑ Braces ❑ Retainer ❑ Bridge ❑ Plate
Other Concerns?

Last Exam _____

Emotional/Behavioral Disorders: ❑ ADHD ❑ ADD ❑ Anorexia ❑ Bulimia ❑ Bi Polar ❑ Depression
Other Concerns?
❑ None

Allergies: (Food, drug, insect, other)

❑ None

Medications: (List all prescribed or taken on a regular basis.)

❑ None

Needs/Modifications: required in the school setting

❑ None

Other Concerns:

Dietary Needs/Restrictions:

❑ None

❑ None

Special Instructions/Devices: e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic supporter/cup

❑ None

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Physical Findings: To Be Completed By MD/APN/PA

Optional Tests	Date	Results		Date	Results
Hemoglobin			Urinalysis		
Hematocrit			Other		

Temp	**Pulse**	**Resp Rate**	**BP** /	**Height** in	**% Height**	**Weight** lbs	**% Weight**

	Normal	Abnormal	Comments/Follow-up/Needs		Normal	Abnormal	Comments/Follow-up/Needs
Skin				Endocrine			
Ears				Abdomen/GI/Liver			
Eyes				Genito-Urinary			LMP:
Nose				Neurological			
Throat				Musculoskeletal			
Mouth/Dental				Spinal Examination			
Cardiovascular/HTN				Nutritional Status			
Respiratory				Mental Health			

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting. food, peanut allergy, bleeding problem, diabetes, heart problem)?
❑ No ❑ Yes If Yes, please describe:

Other Findings and Comments:

Referral:

Is there anything you would like to discuss about this student's health with school or school health personnel? ❑ No ❑ Yes

I certify that I have on this date examined this student and that, on the basis of the examination, and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities.

Physician/Advanced Practice Nurse/Physician Assistant performing examination

Print Name Signature Date

Address: Phone:

Emergency Treatment/Surgical Authorization:

In case of an emergency, I hereby authorize any qualified person to administer first aid and any other treatment essential to the health and well being of my son/daughter. In the event that surgery is necessary, I hereby authorize any licensed and qualified surgeon and his/her choice of assistants and anesthetist to perform emergency surgery that is deemed necessary

Insurance Information

Company

ID Number: **Group Number:**

Parent/Guardian Signature Date

Coach's Information

I have inspected the completed Physical Form, Medical History, and Parent Consent Form. The student athletes and parent/guardian have completed all of the pertinent information.

Coach's Signature Date