HOLLAND TOWNSHIP SCHOOL
STUDENT HEALTH AND PHYSICAL EXAM FORM

Student's Name:_____ **Birth Date:**_____

Sex: □ **Male** □ **Female** **Immunization Registry Number:** _____

DISEASE HISTORY	TYPE/ YEAR	DISEASE HISTORY	TYPE/YEAR
Food Allergies		Mononucleosis	
Non-Food, non-drug allergies		Neuromuscular Disorder	
Asthma		Chronic Otitis Media	
Congenital Disorder		Autoimmune Disorder	
Convulsive Disorder		Strep Infections	
Diabetes		Juvenile Rheumatoid Arthritis	
Influenza		Autism Spectrum Disorder	
Other		Hematological Disorder	
Drug Allergies		ADD/ADHD	
Heart Disease		Concussion/TBI	
Chicken Pox		Vision Disorder	
Hepatitis		Hearing Disorder	
Lyme Disease			

OPERATION/INJURIES (PLEASE SPECIFY):

1.
2.
3.

ADDITIONAL COMMENTS:

IMMUNIZATIONS: PLEASE ATTACH STUDENT'S VACCINE RECORD

Influenza: Required for Pre-School only

Tdap and Meningococcal: Required for entrance into 6th grade

Mantoux (PPD)	Date administered:	Date Read and Results:	Vaccine, BCG date
IGRA			

MEDICATIONS:_____

_____

***** Kindly provide medication order if medication is required during school hours**

ALLERGIES (Drug/Environmental/Food):

_____

Student Requires Epinephrine: ____Yes ____ No ***A med order & 2 EpiPens are needed for school

Student Requires Rescue Inhaler:____ Yes ____ No * A med order and an inhaler are needed for school. Please consider allowing 5th through 8th grade students to self-administer for sports and class trips.**

Student's Name: _____ **Exam Date** _____

Height:	Weight:	Pulse:	B/P:
Vision:	Uncorrected	Right:	Left:
Vision:	Corrected	Right:	Left:
Hearing Screen:		Right:	Left:

	Normal Exam	**Abnormal Findings:**
Head		
Eyes		
Ears		
Nose		
Throat		
Lymph Glands		
Heart		
Lungs		
Abdomen		
Hernia		
Genitalia		
Skin		
Orthopedic		
Scoliosis		
Neurological		
Speech		
Nutrition		

Any Limitation of Activity? : □ No □ Yes (Please define):

_____

_____

Physician's Comments and Recommendations:

_____

_____

Physician's signature: _____ **Date:** _____

Physician's Name, Address and Telephone #:

_____

_____

_____

_____