Papillion La Vista Community Schools HEALTH EXAMINATION FORM

Any health information will be shared with staff on a need to know basis

Last Name	First Name	Birth D	ate	(M) (F) Sex
Address		Phone	School	Grade
Parent or Guardian's Name		Medical Prov	vider	

STATE OF NEBRASKA REQUIREMENTS MAY BE FOUND ON BACK OF THIS PAGE

			Height	Weight	B/P
	WNL		WNL		
General Appearance		Abdomen		Health History: Check any past or present illnes. that the school should be aware of such as: Chicken PoxKidney Infections	
Nutritional Status		Throat			
Skeletal Development		Scalp and Skin			
Posture (Scoliosis)		Lymph Nodes		Epilepsy Diabetes	/
Neck		Ears			Surgeries Physical Handicaps Serious Injuries
Mouth		Nose			
Heart (rate & rhythm)		Lungs			
Teeth & Gums		Speech		Asthma	
Extremities – Upper/Lower		Neurological			
		_			
Mental Development her (Specify) Vision Screening: Distant &	Near Vi	sion Testing			Hearing Screen: Pass Fail
Mental Development eer (Specify) Vision Screening: Distant & AmblyopiaStrabismus Near Vision:Pass Distant Vision: Without Correct	Near Vi Inter Non Pation:	sion Testing nal & External Health assing	orrection:		-
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Mental Development er (Specify) Vision Screening: Distant &AmblyopiaStrabismus Near Vision:Pass Distant Vision: Without Correct RT eye: 20/ nis child subject to any illness yes, please describe)	& Near Vi Inter Non Pa tion: LT eye which c	sion Testing nal & External Health assing 20/ ould result in a clas ould result in a clas ch limits: Classroor Physical f	orrection: eye: 20/ LT sroom emerg n Activity? Education?	eye:20/ ency?	Pass Fail

Date of Exam

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IMMUNIZATIONS and PHYSICALS including HEIGHT, WEIGHT, VISION & HEARING (IF APPLICABLE) NEED BE COMPLETED BEFORE STARTING SCHOOL

- <u>Take this form with you to your child's physical</u>. Everything your child needs to start school is on this form.
 Physicals & vision are required for Beginner grade, and out of state transfer students regardless of grade. Vision exams are recommended for 7th graders.
- <u>Request your child's updated immunization record</u>. <u>This report needs to be either faxed to the school or brought</u> <u>to the school</u>.
- Physical exams must include: Height, Weight, Vision (Distant & Near Testing). A Hearing Screen is recommended.
- If your child has Asthma, Allergies, Seizures or needs a food substitute.....THIS IS THE TIME TO GET AN ACTION PLAN DONE! Ask your Doctor to fill one out for you and don't forget to have them sign it.
- If your child takes medications or uses an inhaler....**Medication Permits** (<u>www.plcschools.org</u>) need to be signed by the parents or guardians in order for your child to be able to take those medications at school.
- If you as a parent ARE NOT planning on vaccinating your child....there is a medical waiver that MUST be signed by a physician OR a religious wavier that MUST be notarized. (www.plcschools.org)

REQUIREMENTS FOR IMMUNIZATIONS

Preschool:

- 4 doses of DTaP, DTP, or DT vaccine
- 3 doses of Polio vaccine
- 3 doses of HIB vaccine or 1 dose of HIB given at or after 15 months of age (*HIB not required after child reaches 5 years of age*)
- 3 doses of pediatric Hepatitis B vaccine
- 1 dose of MMR or MMRV given on or after 12 months of age
- 1 dose varicella (chickenpox vaccine) or MMRV given on or after 12 months of age OR written documentation (including year) of varicella disease from the medical provider
- 4 doses of pneumococcal or 1 dose of pneumococcal given on or after 15 months of age (*Pneumococcal not required after child reaches 5 years of age*)

Kindergarten through 12th grade including all transfer students from outside the State of NE and any foreign students:

- 3 doses of DTaP, DTP, DT, or Td vaccine, one given on or after the 4th birthday
- 3 doses Polio vaccine
- 3 doses pediatric Hepatitis B vaccine or 2 doses of adolescent vaccine if student is 11-15 years of age
- 2 doses of MMR or MMRV vaccine, given on or after 12 months of age and separated by at least one month
- 2 doses of varicella (chickenpox vaccine) or MMRV given on or after 12 months of age OR written documentation (including year) of varicella disease from the medical provider. If the child has had varicella disease, they do not need any varicella shots.

Additionally, for 7th grade only:

• 1 dose of Tdap (must contain Pertussis booster)