

# St. Croix Country Day School

## Physical Examination Report

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

**It is mandated by the VI Department of Health that this completed form and a copy of an official immunization card be on file before or on the first day of school. Please note: Students will not be allowed to attend school until this requirement is met.**

<b>Physical Exam</b>
Weight _____
Height _____
General Appearance _____
Blood Pressure _____
Eyes _____
Snellen Test Results R) _____ L) _____
Wears glasses? _____
Ears _____
Teeth _____
Nose and Throat _____
Thyroid _____
Heart _____
Lungs _____
Skin _____
Hernia _____
Orthopedic Conditions _____

<b>Health History</b>	NO	YES	Comment
Diabetes _____			
ADD/ADHD _____			
Asthma _____			
Chicken Pox _____			
Other Conditions: _____			
Previous Surgery: _____			
<b>Allergies to Bee or Jack stings?</b> _____			
Other Allergies: _____			
Date of last dental visit: _____			
Please list any medications that are taken daily: _____			

**Lab - required for every Nursery, PK and Kinder physical.**

**Encouraged for all other age groups.**

Urinalysis \_\_\_\_\_ Stool O&P \_\_\_\_\_

Blood Test (HGB or HCT) \_\_\_\_\_

**Physical Education:**

**Please select PE activity level:** ( ) normal program - all activities ( ) moderate ( ) restricted

**Any limitation to contact sports?** Yes ( ) No ( )

If yes, what is the limitation? \_\_\_\_\_

**Any conditions or diseases needing treatment during the school year?** \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



### ATTENTION PARENTS

The School Nurse and office staff commonly dispenses over-the-counter medications.

My child \_\_\_\_\_ may receive the following circled medications:

- Tylenol   Ibuprofen   Tums   Cough Syrup   Sudafed   Benadryl   Cough Drops

**Parent Signature Required:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note to Parents: Physical Examination Reports are required annually of students in Preschool, Kindergarten and First Grade and of students entering CDS for the first time. These reports are to be updated every three years after first grade.**

## CDS PHYSICAL EXAM REQUIREMENT TIME TABLE

*Physical Examination Forms are required of students in Nursery, Pre-Kindergarten, Kindergarten, and First Grade –ANNUALLY*

If done in grade 1 a new form is required in grade 4

grade 2	grade 5
grade 3	grade 6
grade 4	grade 7
grade 5	grade 8
grade 6	grade 9
grade 7	grade 10
grade 8	grade 11
grade 9	grade 12
grade 10, 11, 12	upon admission only

## When Do Children and Teens Need Vaccinations?

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, Tetanus, pertussis	Hib Haemophilus influenza type b	Polio	PCV Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningococcal conjugate	Influenza	
Birth	✓												
2 months	✓ (1-2 mos)	✓	✓	✓	✓	✓							
4 months	✓ <sup>1</sup>	✓	✓	✓	✓	✓							
6 months	✓ (6-18 mos)	✓	✓ <sup>2</sup>	✓ (6-18 mos)	✓	✓ <sup>2</sup>							
12 months		✓ <sup>4</sup> (15-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓ (12-15 mos)	✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (2 doses given 6 mos apart at age 12-23 mos)			
15 months													
18 months													
19-23 months		Catch-up <sup>5</sup>	Catch-up <sup>5</sup> (to 5 years)	Catch-up <sup>5</sup>	Catch-up <sup>5</sup> (to 5 years)		Catch-up <sup>5</sup>	Catch-up <sup>5</sup>				✓ <sup>3</sup>	
4-6 years		✓		✓			✓	✓				(given each fall or winter to children ages 6 mos-18 yrs)	
7-10 years	Catch-up <sup>5</sup>	Catch-up <sup>5</sup>							Catch-up <sup>5</sup>				
11-12 years		✓ Tdap		Catch-up <sup>5</sup>			Catch-up <sup>5</sup>	Catch-up <sup>5</sup>		✓✓✓ <sup>6</sup>			
13-18 years		Catch-up <sup>5</sup> (Tdap/Td)								Catch-up <sup>5,6</sup>	Catch-up <sup>5,7</sup>		

1. Your infant may not need a dose of HepB at age 4 months depending on the type of vaccine that your healthcare provider uses.
2. Your infant may not need a dose of Hib vaccine or RV vaccine at age 6 months depending on the type of vaccine that your healthcare provider uses.
3. One dose is recommended for most people. Children younger than age 9 years who are receiving influenza vaccine for the first time, or who received only 1 dose in the previous season (if it was their first vaccination season), should receive 2 doses spaced at least 4 weeks apart this season.
4. This dose of DTaP may be given as early as age 12 months if it has been 6 months since the previous dose.

5. If your child's vaccinations are delayed or missed entirely, they should be given as soon as possible.
6. All girls and women age 11 through 26 years should be vaccinated with 3 doses of HPV vaccine, given over a 6-month period. Boys and men age 11 through 26 years may also be vaccinated with one of the HPV vaccines (Gardasil) to reduce their likelihood of getting genital warts. The vaccine may be given to children as young as age 9 years.
7. If you have a teenager who is enrolling in college and planning to live in a dormitory and who hasn't previously been vaccinated against meningococcal disease, they should be vaccinated now.

Please note: Some children may need additional vaccines. Talk to your healthcare provider.