## COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

### Part I – <u>HEALTH INFORMATION FORM</u>

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. The parent or guardian completes this page (Part I) of the form. The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School:		Current	Grade:
Student's Name:Last First		Mid	idle
Student's Date of Birth:/ Sex: State or Country of Birth:			Language Spoken:
Student's Address: City:		State:	Zip:
Name of Mother or Legal Guardian:	Phone:		Work or Cell:
Name of Father or Legal Guardian:	Phone:		Work or Cell:
Emergency Contact:	Phone:		Work or Cell:

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Hospitalizations		
Developmental problems			Lead poisoning		
Bladder problem			Muscle problems		
Bleeding problem			Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confiden	ntial information with the school nurse o	r other school authority. $\Box$ Yes	$\Box$ No						
Please provide the following information	:								
	Name	Phone	Date of Last Appointment						
Pediatrician/primary care provider									
Specialist									
Dentist									
Case Worker (if applicable)									
Child's Health Insurance: None	FAMIS Plus (Medicaid)	FAMISPrivate/Comm	nercial/Employer sponsored						
I,(do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record. Signature of Parent or Legal Guardian: Date: /									
Signature of person completing this form			Date://						
Signature of Interpreter:			Date://						

### **COMMONWEALTH OF VIRGINIA** SCHOOL ENTRANCE HEALTH FORM

## Part II - Certification of Immunization

## Section I To be completed by a physician, registered nurse, or health department official. See Section II for conditional enrollment and exemptions.

(A copy of the immunization record signed or stamped by a physician or designee indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.)

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Last	Fir	Date of Birth:        First     Middle     Mo.     Day     Yr.								
IMMUNIZATION RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN										
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5					
*Tdap booster (6 <sup>th</sup> grade entry)	1									
*Poliomyelitis (IPV, OPV)	1	2	3	4						
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4						
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4						
Measles, Mumps, Rubella (MMR vaccine)	1	2			<u></u>					
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:							
*Rubella	1		Serological Confirmation of Rubella Immunity:							
*Mumps	1	2								
*Hepatitis B Vaccine (HBV) Merck adult formulation used	1	2	3							
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:							
Hepatitis A Vaccine	1	2								
Meningococcal Vaccine	1		<u>I</u>							
Human Papillomavirus Vaccine	1	2	3							
Other	1	2	3	4	5					
Other	1	2	3	4	5					

I certify that this child is ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's Regulations for the Immunization of School Children (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): / /

## Section II **Conditional Enrollment and Exemptions**

MEDICAL EXEMPTION: As specified in the <i>Code of Virginia</i> § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):	
DTP/DTaP/Tdap:[]; DT/Td:[]; OPV/IPV:[]; Hib:[]; Pneum:[]; Measles:[]; Rubella:[]; Mumps:[]; HBV:[]; Varicella:[]         This contraindication is permanent: [], or temporary [] and expected to preclude immunizations until: Date ( <i>Mo., Day, Yr.</i> ):    .	<u> </u>
Signature of Medical Provider or Health Department Official:	

RELIGIOUS EXEMPTION: The Code of Virginia allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. Code of Virginia § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the Code of Virginia § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on

Signature of Medical Provider or Health Department Official:

Date (Mo., Dav. Yr.):

# Section III **Requirements**

## \*Minimum Immunization Requirements for Entry into School and Day Care (requirements are subject to change)

- □ 3 DTP or DTaP at least one dose of DTaP or DTP after 4<sup>th</sup> birthday unless received 6 doses before 4<sup>th</sup> birthday
- Tdap booster required for entry into 6<sup>th</sup> grade if at least 5 years since last tetanus-containing vaccine
- □ 3 Polio at least one dose after 4<sup>th</sup> birthday unless received 4 doses of all OPV or all IPV prior to 4<sup>th</sup> birthday
- □ Hib 2-3 doses in infancy; 1 booster between 12-15 months; 1 dose between 15-60 months if unvaccinated, for children up to 60 months of age only
- Pneumococcal 2-4 doses, depending on age at  $1^{st}$  dose for children up to 2 years of age only 2 Measles  $1^{st}$  dose on/after 12 months of age;  $2^{nd}$  dose prior to entering kindergarten
- 1 Mumps on/after 12 months of age
- 1 Rubella on/after 12 months of age Note: Measles, Mumps, Rubella requirements also met with 2 MMR  $-1^{st}$  dose on/after 12 months of age;  $2^{nd}$  dose prior to entering kindergarten
- Hep B 3 doses required (2 doses if Merck adult formulation given between 11 15 years of age; check the indicated box in Section I if this formulation was used)
- 1 Varicella to susceptible children born on/after January 1, 1997; dose on/after 12 months of age

\* Additional Immunizations Required at Entry into 6<sup>th</sup> Grade

 $\Box$  Tdap – booster required for entry into 6<sup>th</sup> grade if at least 5 years since last tetanus-containing vaccine

For current requirements consult the Division of Immunization web site at http://www.vdh.virginia.gov/epidemiology/immunization

#### Certification of Immunization 04/07

## Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name:          Date of Birth:          Sex:         □ M					::□ M	□ F								
	Date of Assessment:/	Physical Examination												
ıt	Weight:        /           Ibs.         Height:         ft.	1 = Within normal $2$				onormal finding	3 = Referred for evaluation				ion o	ion or treatment		
Health Assessment	Body Mass Index (BMI):		1	2	3		1	2			1	2	3	
sess	Age / gender appropriate history completed	HEE	ENT 🗆			Neurological				Skin				
As	<ul> <li>Age / gender appropriate instory completed</li> <li>Anticipatory guidance provided</li> </ul>	Lun	gs □			Abdomen				Genital				
alth		Hea	rt 🗆			Extremities				Urinary				
He	TB Risk Assessment:  No Risk  Positive/Referred Mantoux results: mm													
	EPSDT Screens <u>Required</u> for Head Start – include specific	results a												
	Blood Lead: Hct/Hgb													
	Assessed for: Assessment Method:	Within normal				Concern id	dentified:			Refer	Referred for Evaluat			
Developmental Screen	Emotional/Social													
een	Problem Solving													
elopme Screen	Language/Communication													
Deve	Fine Motor Skills													
Γ	Gross Motor Skills													
					•					•				
	□ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box													
ing	1000 2000 4000					udiologist/ENT				to test –				
Hearing Screen	R	□ Permanent Hearing Loss Previously identified:Left					Ri	ght						
ΞS		c	$\Box$ He	aring a	aid or	r other assistive d	levice	e						
	□ Screened by OAE (Otoacoustic Emissions): □ Pass □ Refer													
	□ With Corrective Lenses (check if yes)													
	Stereopsis 🛛 Pass 🖓 Fail 🖓 Not	ot tested							atment					
Vision Screen	Distance         Both         R         L         Test us           20/	ised:			Problem Identified					Referred fo				
Sc V					-	ă X I	No	Refe	rral: A	Already re	ceivir	ng dei	ntal care	
	Pass   Referred to eye doctor   Unable	e to test	– needs res	creen								-		
	Summary of Findings (check one):													
Care, or Early	Well child; no conditions identified of concern to school p				4:			1						
or E	Conditions identified that are important to schooling or p	onysicai	activity (co	npiete	secti	ons below and/of	rexp	iain r	iere): _					
are,														
P														
ns to (Pre) School , Chil Intervention Personnel														
ol,	Allergy  insect: insect:			□ me	dicin	ie:			□ 0	other:				
Scho n P	Type of allergic reaction:  □ anaphylaxis □ local reaction	Respo	nse required	_ :□ no	one	□ epi pen □ otl	her:							
re) (	Individualized Health Care Plan needed (e.g., asthma, di	abetes, s	eizure disor	der, sev	vere a	allergy, etc)								
o (P erve	Restricted Activity Specify:													
Int Int	Developmental Evaluation 🛛 Has IEP 🗆 Further evalu	ation ne	eded for:											
datio	U       Image: Comparison of the comparison													
men														
COM														
Re	Other Comments:													
Health	Care Professional's Certification (Write legibly or stamp)													
			nature:							Date:	/		/	
	Fax:													
-					_						_			