

Name _____

B. MEDICAL INFORMATION

| | Circle One | Additional Information when answering "yes" | Immune suppressed? | Yes No | |
|--|------------|---|--|--------|--|
| Dx Arthritis/Limitations | Yes No | | Loss of Function of One of Paired Organs? (Eye/Ear/Kidney/Testicle) | Yes No | |
| Diagnosis of Asthma? Wheeze/Cough During or After Play? | Yes No | Indicate Severity: | Hospitalizations? When? What for? | Yes No | |
| Back Problems? | Yes No | | Surgery? (List All) When? What for? | Yes No | |
| Birth Defects? | Yes No | | | | |
| Developmental Delay? | Yes No | | Serious Injury or Illness? | Yes No | |
| Blood Disorders? Hemophilia, Sickle Cell, Other? Explain | Yes No | | Tobacco Use (Type, Frequency)? | Yes No | |
| Diabetes? | Yes No | | Alcohol/Drug Use? | Yes No | |
| Head Injury/Concussion/Passed Out? | Yes No | | | | |
| Seizures? What are they like? | Yes No | | Family History of Sudden Death Before Age 50? (Cause?) | Yes No | |
| Rapid, Irregular Pulse/Shortness of Breath? | Yes No | | Current Medications | | |
| Heart Murmur/High Blood Pressure/Passing out? | Yes No | | | | |
| Dizziness or Chest Pain with Exercise? | Yes No | | (Circle) Bridge Plate Dental Braces Other Molars-remain/removed | | |
| Bone/Joint Problems/Injury? Scoliosis? | Yes No | | (Circle) Eye/Vision Problems? Last Exam Date _____ Glasses Contacts Other Concerns? | | |
| Ear/Hearing Problems? | Yes No | | Are you presently under care for a medical or emotional condition? | | |
| Allergies: | Yes No | List: | Student (Parent or Guardian if Student is under 18 years of age) | | |
| Athletes: Have you ever been denied participation in sports due to health reasons? | Yes No | | X Signature Required _____ Date _____ Information on this form may be shared with appropriate personnel for health and educational purposes. | | |

C. IMMUNIZATION RECORD (MUST COMPLETE ALL BOLD AREAS)

1. **M.M.R (MEASLES, MUMPS, RUBELLA) Must** see dates of 2 doses (a & b) **or** (c) evidence of immunity per titers.

a. Dose 1 given at age 12-15 months or later #1 MM/DD/YY

b. Dose 2 given at age 4-6 years or later, and at least one month after first dose . . . #2 MM/DD/YY

Rubeola (Measles) antibody MM/DD/YY Immune _____ Not Immune _____

c. For titers only Mumps antibody MM/DD/YY Immune _____ Not Immune _____

Rubella antibody MM/DD/YY Immune _____ Not Immune _____

2. **TETANUS-DIPHTHERIA-PERTUSSIS** (Must have booster with Td or Tdap in the last ten years) MM/DD/YY

2005 vaccine - Tdap (Pertussis or Whooping cough added), recommended for all incoming freshman unless Td in last 2 years.

3. **VARICELLA** (Must see a. history of Chicken Pox, **or** b. immunity per titer, **or** c. two Varicella vaccinations.)

a. **History of Chicken Pox (Circle One)** YES NO Year or Age _____

b. **Or** Varicella titer MM/DD/YY Immune _____ Not Immune _____

c. **Or** Two Immunizations

1. Dose #1 MM/DD/YY Dose #2 MM/DD/YY

4. **OTHER VACCINES GIVEN**-(INFLUENZA, TRAVEL VACCINES) SEE PART D FOR HEP B AND MENINGOCOCCAL IMMUNIZATION DOCUMENTATION

_____/_____/_____