Signature of Interpreter:

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:				Grad	de:
Student's Name:					
Last		First		Midd	
Student's Date of Birth://					Language Spoken:
Student's Address:			_ City: Stat	e:	Zip:
Name of Mother or Legal Guardian:			Phone:		Work or Cell:
Name of Father or Legal Guardian:			Phone:	,	Work or Cell:
Emergency Contact:					Work or Cell:
Emergency contact:			Thore.		Work of Cen.
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head or spinal injury		
Asthma or breathing problems Attention-Deficit/Hyperactivity Disorder	+		Hearing problems or deafness Heart problems		
Behavioral problems	+		Hospitalizations		
Developmental problems			Lead poisoning	1	
Bladder problem			Muscle problems		
Bleeding problem	1		Seizures		
Bowel problem			Sickle Cell Disease (not trait)		
Cerebral Palsy			Speech problems		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		
List all prescription, over-the-counter, and	herbal medic	rations your child takes regular	rly:		
Check here if you want to discuss confiden	tial information	on with the school nurse or oth	her school authority. Yes	□ No	
Please provide the following information:					
Pediatrician/primary care provider		Name	Phone		Date of Last Appointment
Specialist Specialist					
Dentist					
Case Worker (if applicable)					
cuse worker (if appreciate)					
Child's Health Insurance: None	FAMI	IS Plus (Medicaid) F	FAMIS Private/Comm	ercial/Em	ployer sponsored
I, school setting to discuss my child's health withdraw it. You may withdraw your auth documentation of the disclosure is maintain	h concerns ai <i>orization at a</i>	nd/or exchange information any time by contacting your cl	pertaining to this form. This autho hild's school. When information is r	rization v	will be in place until or unless you
Signature of Parent or Legal Guardian:				Date	e:/
Signature of person completing this form:				Date	e:/

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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.

tudent's Name:	irst	Date of Birth: Middle									
IMMUNIZATION	1	NE DOSES GIVEN									
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5						
*Diphtheria, Tetanus (DT) or Td (given after 7 /ears of age)	1	2	3	4	5						
Tdap booster (6 th 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		1							
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:								
Iepatitis A Vaccine	1	2									
Meningococcal Vaccine	1										
Human Papillomavirus Vaccine	1	2	3								
Other	1	2	3	4	5						
Other	1	2	3	4	5						

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Student's Name: Date of	Birth:	
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Section II Conditional Enrollment and Exemptions

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 (Mo., Day, Yr.): _ . Signature of Medical Provider or Health Department Official:
RELIGIOUS EXEMPTION: The <i>Code of Virginia</i> 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. <i>Code of Virginia</i> § 22.1-271.2, C (i).
CONDITIONAL ENROLLMENT: As specified in the <i>Code of Virginia</i> § 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., Day, 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 th birthday unless received 6 doses before 4 th birthday Tdap – booster required for entry into 6 th grade if at least 5 years since last tetanus-containing vaccine 3 Polio – at least one dose after 4 th birthday unless received 4 doses of all OPV or all IPV prior to 4 th 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
*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 th birthday unless received 6 doses before 4 th birthday Tdap – booster required for entry into 6 th grade if at least 5 years since last tetanus-containing vaccine 3 Polio – at least one dose after 4 th birthday unless received 4 doses of all OPV or all IPV prior to 4 th 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 Measles – 1 st dose on/after 12 months of age; 2 nd dose prior to entering kindergarten Mumps – on/after 12 months of age
*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 th birthday unless received 6 doses before 4 th birthday Tdap – booster required for entry into 6 th grade if at least 5 years since last tetanus-containing vaccine 3 Polio – at least one dose after 4 th birthday unless received 4 doses of all OPV or all IPV prior to 4 th 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 Measles – 1 st dose on/after 12 months of age; 2 nd dose prior to entering kindergarten Mumps – on/after 12 months of age 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
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*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 4th birthday unless received 6 doses before 4th birthday Tdap – booster required for entry into 6th grade if at least 5 years since last tetanus-containing vaccine 3 Polio – at least one dose after 4th birthday unless received 4 doses of all OPV or all IPV prior to 4th 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 1st dose for children up to 2 years of age only Mumps – on/after 12 months of age; 2nd dose prior to entering kindergarten Hubella - on/after 12 months of age Note: Measles, Mumps, Rubella requirements also met with 2 MMR – 1st dose on/after 12 months of age; 2nd 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 1 if this formulation was used) 1 Varicella – to susceptible children born on/after January 1, 1997; dose on/after 12 months of age
*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 th birthday unless received 6 doses before 4 th birthday Tdap – booster required for entry into 6 th grade if at least 5 years since last tetanus-containing vaccine 3 Polio – at least one dose after 4 th birthday unless received 4 doses of all OPV or all IPV prior to 4 th 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)

Certification of Immunization 04/07

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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 □ F						
	B						Physica	l Exan	ninatio	n					
t l	Date of Assessment://			1 = Within normal 2 =			Abnormal find	ing	3 = Referred for evaluation or treatment						
Health Assessment	Weight:lbs. Height: ft in				1	2 3			1 2	3		1	2	3	
ssn	Body Mass Index (BMI) – for age: BP			HEEN	Т		Neurologi	cal [Skin				
\sse	☐ Age / gender appropriate history completed			Lungs							Genital				
th A	☐ Anticipatory guidance provided			_											
ealı	TB Risk Assessment: □ No Ris	sk 🗆 Positive/Referr	ed	Heart			Extremitie	es [Urinary				
Н	Mantoux results:														
	EPSDT Screens Required for Ho Blood Lead:	ead Start – include sj	pecific re	results and date: Hct/Hgb											
	Blood Ecad.														
_	Assessed for: Assessment Method: Emotional/Social			V	Vithin norn	ıal	Conce	rn iden	tified:		Refer	red fo	or Eve	ıluation	
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me	Problem Solving														
elopme Screen	Language/Communication														
Developmental Screen	Fine Motor Skills														
Τ	Gross Motor Skills														
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	☐ Screened at 20dB: Indicate Pas	s (P) or Refer (R) in e	each box.												
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Hearing Screen	R				□ Peri	nanent H	learing Loss F	reviou	sly ide	ntified	l:Lei	ft	Ri	ght	
He	L				☐ Hearing aid or other assistive device									_	
	☐ Screened by OAE (Otoacoustic	Emissions): Pass	□ Ref	fer			or other about								
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	☐ With Glasses (check if yes)	3 P 3		. 1		1									
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Vision Screen	20/ 2	20/ 20/	Test asec	iou.			Dental Screen	□ 1	No Problem: Referred for prevention						
- 01	□ Pass □ Referred to	a ava da atar 💢 🗖	Unabla	to toot	ieeds resci				No Refe	erral:	Already re	ceivir	ng de	ntal care	
	Trass Referred to	eye doctor	Ullable	to test – I	ieeus resci	een									
	Summary of Findings (check one	e):													
arly		□ Well child; no conditions identified of concern to school program activities □ Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):													
or E	Conditions identified that are	important to school	ing or pii	iysicai ac	tivity (com	piete sec	tions below a	iiu/oi e	хріані	nere).					
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ol, Ch rsonno	Allergy □ food:	□ insec	rt·	□ medicine: □ other:											
Well child; no conditions identified of concern to school program activities Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):															
e) S tion	Individualized Health Care l														
ns to (Pre) Sc Intervention		(2)		,		,									
ıs to nte		Restricted Activity Specify: Developmental Evaluation □ Has IEP □ Further evaluation needed for:													
rtion I															
Medication. Child takes medicine for specific health condition(s). □ Medication must be given and/or available at school.								31 .							
Special Diet Specify:															
ю.	Special Needs Specify:														
ž	Other Comments:														
Health	Care Professional's Certificat	ion (Write legibly or	stamp):												
			r	Signs	iture:						Date:	/		/	
	e/Clinic Name:														
Phone:	<u> </u>	Fax:	-	-			Email:								

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