

# Renaissance Academy

## Student Medical Record 2010

A yearly physical examination is required of each student prior to the start of school.

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

### To be completed by the child's physician

Date of examination: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Pulse: \_\_\_\_\_ BP: \_\_\_\_\_/\_\_\_\_\_ Lungs: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

Any Allergies (penicillin, bee stings, etc.)? \_\_\_\_\_

### History of Diseases

Measles: \_\_\_\_\_

Chickenpox: \_\_\_\_\_

Mumps: \_\_\_\_\_

German Measles: \_\_\_\_\_

Whooping Cough: \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_

\_\_\_\_\_ : \_\_\_\_\_

### Immunization Record

Please attach a complete immunization record with dates. The Indiana State Department of Health requires a minimum of: DTaP/DTP/DT/Td, Polio, Measles, Mumps, Rubella, Hepatitis B, Varicella.

### Physician's Report

Please report on the overall health and development of this child and include any concerns, needed medications, or important information. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that I have examined the above individual and find him/her to be in good health for admission to your school, and participation in all school and sports activities.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_