To Parent/Guardian: Please check answers to questions 1 through 21 below in the column on the left.	NameDate of Birth	
Part I- HISTORY: To be completed and signed by child's parent/guardian.  To Parent/Guardian: Please check answers to questions 1 through 21 below in the column on the left.  Pierose explain any "Yes" answers in the space provided below.)  Lives   No   Allergy ((food, drug, latex, airborne, bee sting, other)  Jives   No   Allergy ((food, drug, latex, airborne, bee sting, other)  Jives   No   Asthma or breathing problems  Lives   No   Asthma or breathing problems  Lives   No   Bladder/Bowel problems  Jives   No   Developmental problems  Jives   No   Developmental problems  Jives   No   Diabetes  Jives   No   Diabetes  Jives   No   Hearing problem (ear tubes, hearing aids)  Lives   No   Heart problems  Jives   No   Muscle pro	Home address	Home phoneEmergency Phone
Parent/Guardian.   Please check answers to questions 1 through   2 below in the column on the left.   Please explain any "Yes" answers in the space provided below.)	School Entry Physical must be done up to 12 months before	$the\ \textit{first day of Kindergarten or school start for other grades}.$
SCREENING RESULTS: Male   Female	parent/guardian.	Physician (MD or DO), Advanced Nurse Practitioner or Physician'
Vision – W/o Glasses: Right 20/Left 20/Both 20/	To Parent/Guardian: Please check answers to questions 1 through 21 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)	SCREENING RESULTS: Male  Female  Height: In. Weight: Ibs. BMI%:
Vision - With Glasses: Right 20   Left 20   Both 20	1. Yes ☐ No ☐ Any current illness?	B/P:Vision = w/o Glassos: Bight 20/ Left 20/ Both 20/
3. Yes   No   Asthma or breathing problems 4. Yes:   No   Attention-Deficit/Hyperactivity Disorder 5. Yes   No   Bladder/Bowel problems 6. Yes   No   Dental problems 7. Yes   No   Developmental problems 8. Yes   No   Diabetes 9. Yes   No   Head or spinal injury 10. Yes   No   Head or spinal injury 10. Yes   No   Head or spinal injury 11. Yes   No   Heart problems 12. Yes   No   Hospitalizations, operation, or major illness 13. Yes   No   Medications 14. Yes   No   Medications 15. Yes   No   Muscle problems 16. Yes   No   Muscle problems 17. Yes   No   Seizure 18. Yes   No   Speech problems 19. Yes   No   Speech problems 19. Yes   No   My child is healthy and has no health concerns To Parent/Guardian: Please explain any "Yes" answers from above.    This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify:   This child may participate fully in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education with the following restriction/adaptation. Specify:   This child may participate in school activities including physical education with the following restriction/adaptation. Specify:   This child may p		Vision - With Glasses: Right 20/Left 20/Both 20/
4. Yes   No   Attention-Deficit/Hyperactivity Disorder	<b>3</b> . Yes □ No □ Asthma or breathing problems	
Second   No   Bladder/Bowel problems	4. Yes- ☐ No ☐ Attention-Deficit/Hyperactivity Disorder	120
Sars   No   Developmental problems   Sars   Nose   Throat   Teeth   Throat   Throat   Teeth   Throat   Throat   Teeth   Throat   Throat   Teeth   Throat	5. Yes ☐ No ☐ Bladder/Bowel problems	
7. Yes   No   Developmental problems   Nose   Throat   Treeth   Nock   N	6. Yes ☐ No ☐ Dental problems	
Reeth   New   No   Diabetes   No   Diabetes   No   Head or spinal injury		
Lungs   No   Heart or spinal injury	7. Yes 🗀 No 🗀 Developmental problems	
No   Head or spinal injury	3. Yes ☐ No ☐ Diabetes	
10. Yes   No   Hearing problem (ear tubes, hearing aids)     11. Yes   No   Heart problems     12. Yes   No   Hospitalizations, operation, or major illness     13. Yes   No   Loss of consciousness     14. Yes   No   Medications     15. Yes   No   Muscle problems     16. Yes   No   Muscle problems     17. Yes   No   Speech problems     18. Yes   No   Speech problems     19. Yes   No   TB test positive     19. Yes   No   Wy child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     10. Parent/Guardian: Please explain any "Yes" answers from above.     10. Stall prescription, over-the-counter, and herbal medications your child takes regularly or occasionally:     17. Yes   No   Wy child heads medication at school.     18. Yes   No   My child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     19. Yes   No   My child is healthy and has no health concerns     19. Yes   No   Speech/Language   Physical     19. Social/Behavioral   Cognitive   Specify:     17. This child has a health condition that may require emergency     20. Yes   No   Speech   Speech   Specify:     21. Yes   No   My child is healthy and has no health concerns     22. Yes   No   My child is healthy and has no health concerns     23. Yes   No   Speech   Speec	<b>3.</b> Yes □ No □ Head or spinal injury	
Posture	<b>10.</b> Yes □ No □ Hearing problem (ear tubes, hearing aids)	
12. Yes   No   Hospitalizations, operation, or major illness     13. Yes   No   Loss of consciousness     14. Yes   No   Medications     15. Yes   No   Muscle problems     16. Yes   No   Speech problems     17. Yes   No   Speech problems     18. Yes   No   TB test positive     19. Yes   No   Vision problems (glasses, contacts)     12. Yes   No   My child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.     15. Atong-Term Medication form must be completed by your healthcare revoider if your child needs medication at school, Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done must be provided at school.     15. Parent must provide emergency medications such as Epi-pen, inhaler, lucagon, and diastat if needed in school, mmunurization record and TB test if done mu		
Neurological Behavioral Emotional  This child has the following problems that may impact school state of the second of the secon		
14. Yes   No   Medications     15. Yes   No   Muscle problems     16. Yes   No   Muscle problems     17. Yes   No   Seizure     18. Yes   No   Speech problems     19. Yes   No   TB test positive     10. Yes   No   Vision problems (glasses, contacts)     11. Yes   No   My child is healthy and has no health concerns to Parent/Guardian: Please explain any "Yes" answers from above.     19. Yes   No   My child is healthy and has no health concerns to Parent/Guardian: Please explain any "Yes" answers from above.     19. Yes   No   My child is healthy and has no health concerns to Parent/Guardian: Please explain any "Yes" answers from above.     15. A Long-Term Medication form must be completed by your healthcare rovider if your child needs medication at school.     16. Yes   No   My child is healthy and has no health concerns action at school, e.g. seizures, allergies, asthma. Specify     This child has the following problems that may impact school stricted in the following impact school school activities including physical education.     This child has the following problems that may impact school school school activities including impact school activities including physical education.     This child has the following problems that may impact school school activities including impact school activities including physical education.     This child has the following problems that may impact school school activities including physical education.     This child has the following problems that may impact school school activities including physical education.     This child has the following roblems that may impact school school activities including physical education.     This child has the following roblems that may impact school school activities including physical education.     This child has the following roblems that may impact school activities including physical education.     This child has the following roblems that may impact school activities including physical education.     This child has the following rob		Neurological
This child has the following problems that may impact school states. Yes   No   Speech problems  18. Yes   No   Speech problems  19. Yes   No   TB test positive  20. Yes   No   Wy child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.  21. Yes   No   My child is healthy and herbal medications your child takes regularly or occasionally:  22. A Long-Term Medication form must be completed by your healthcare provider if your child needs medication at school.  23. Printed Name of stamps:  24. Printed Name of stamps:  25. A long-Term Medication form must be completed by your healthcare provider if your child needs medication such as Epi-pen, inhaler, divagon, and diastat if needed in school.  26. A long-Term Medication form must be completed by your healthcare provider if your child needs medications such as Epi-pen, inhaler, divagon, and diastat if needed in school.  27. A long-Term Medication form must be completed by your healthcare provider if your child needs medications such as Epi-pen, inhaler, divagon, and diastat if needed in school.  28. Yes   No   Speech problems  29. Vision   Hearing   Speech/Language   Physical    20. Social/Behavioral   Cognitive   Specify:    21. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    29. This child has a health condition that may impact school stamps    20. Yes   No   My child is healthy and has no health concerns action at school e.g. seizures, allergies, asthma. Specify:    20. This child has a health condition that may impact school stamps    20. This child has a health condition that may impact school stamps    21. Yes   No   My child is healthy and has no health concerns action at school e.g. seizures, allergies, asthma. Specify:    22. This child has a health condition that may impact school states    23. This child has a health condition that may impact school excited    24. This child has a health condition that may impact school excited	13. Yes ☐ No ☐ Loss of consciousness	
This child has the following problems that may impact school states are followed by speech problems  19. Yes   No   Speech problems  19. Yes   No   TB test positive  20. Yes   No   Wy child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.  21. Yes   No   My child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.  22. Yes   No   My child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.  23. It is child has the following problems that may impact school states are followed by specify:  24. Yes   No   Speech/Language   Physical    25. Social/Behavioral   Cognitive   Specify:  26. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    27. This child may participate fully in school activities including physical education.  28. This child has the following problems that may impact school states are following    29. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    29. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    20. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    20. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    21. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    22. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    25. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify    26. This child has a health condition that may require emergency action at school, e.g. seizures, all	14. Yes ☐ No ☐ Medications	
18. Yes   No   Speech problems     19. Yes   No   TB test positive     20. Yes   No   Wision problems (glasses, contacts)     21. Yes   No   My child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.     21. Yes   No   My child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.     22. Yes   No   My child is healthy and has no health concerns for Parent/Guardian: Please explain any "Yes" answers from above.     23. Yes   No   My child is healthy and has no health concerns from above.     24. Yes   No   My child is healthy and has no health concerns from above.     25. Yes   No   Wision   Hearing   Speech/Language   Physical     26. Yes   No   Cognitive   Specify:     27. This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify     27. This child may participate in school activities including physical education.     28. This child may participate in school activities including physical education with the following restriction/adaptation. Specify:     29. This child may participate in school activities including physical education with the following restriction/adaptation. Specify:     29. This child may participate in school activities including physical education with the following restriction/adaptation. Specify:     29. This child may participate in school activities including physical education with the following restriction/adaptation. Specify:     29. This child may participate in school activities including physical education.     20. This child may participate in school activities including physical education.     20. This child may participate in school activities including physical education.     20. This child may participate in school activities including physical education.     20. This child may participate in school activities including physical education.     20. This child may participate in school activities including physic	<b>L6</b> . Yes □ No □ Muscle problems	
Social/Behavioral   Cognitive   Cognitiv	<b>17.</b> Yes □ No □ Seizure	This child has the following problems that may impact school suc
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21. Yes No My child is healthy and has no health concerns To Parent/Guardian: Please explain any "Yes" answers from above.    This child may participate fully in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate fully in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This child may participate in school activities including physical education.   This chi	<b>20.</b> Yes □ No □ Vision problems (glasses, contacts)	☐This child has a health condition that may require emergency action at school, e.g. seizures, allergies, asthma. Specify
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X	provider if your child needs medication at school. *Parent must provide emergency medications such as Epi-pen, inhaler, glucagon, and diastat if needed in school,	Healthcare Provider Signature & Title: Date
Parent / Guardian Signature	KParent / Guardian Signature	Printed Name or stamp: