

Name _____
 (Last) (First) (Middle)

Birthdate _____ Gender _____ Grade _____ ID# _____



MINNEAPOLIS
PUBLIC SCHOOLS
Urban Education. Global Citizens.

6th – 12th Grade HEALTH EXAMINATION

* TYPE of VACCINE	1 st Dose MM/DD/YY	2 nd Dose MM/DD/YY	3 rd Dose MM/DD/YY	4th Dose MM/DD/YY	5 th Dose MM/DD/YY
DTaP (Diphtheria, Pertussis, Tetanus)					
Td/Tdap (Tetanus, Diphtheria booster)					
POLIO (IPV, OPV)					
HEPATITIS B (HBV)					
MMR (Measles, Mumps, Rubella)					
VARICELLA (Chickenpox)					
Meningococcal (MCV)					
Human Papillomavirus (HPV)					
Other: (Specify)					

Legal Exemptions on backside.
Shaded immunizations are not required for school.

	Normal	Abnormal
Eyes		
Ears		
Mouth - dental		
Throat		
Nose		
Lymph nodes		
Thyroid		
Heart		
Pulses		
Lungs		
Abdomen		
Hernia	<input type="checkbox"/> no	<input type="checkbox"/> yes
Genito-urinary		
Tanner staging (circle one) I, II, III, IV, V		
Musculoskeletal		
Spine		
Extremities		
Skin		
Neurological		
Nutritional status		
Emotional status		
Behavior		

Height _____ ins. Weight _____ lbs. BMI _____ Blood Pressure _____ / _____

Vision R 20/____ L 20/____ Corrected: yes no

Hearing: Normal Abnormal Hearing aid(s): yes no

	500 (25)dB	1000 (20)dB	2000 (20)dB	4000 (20)dB
Right				
Left				

	Date	Results
Hemoglobin/Hct		
Urinalysis		
Tuberculin (PPD)		mm
Chest x-ray		
Blood lead level		µg/dL

Allergies: _____

► REQUIRED FOR SPORTS

Any student who intends to participate in interscholastic athletics and/or cheerleading activities must have on file in the school, a record of a physical examination performed by a licensed health professional within the previous three years, with an indication of permission to participate in inter-school athletics.

	Permitted	Restricted	Restricted activity
Physical ed. class			
All Inter-school athletics			
Collision Contact Sports			
Limited Contact Sports			
Non-contact Sports			

A copy of the official MN High School League Physical form can be printed at: <http://athletics.mpls.k12.mn.us>

There is a condition that may result in an emergency: yes no (if yes, elaborate below)

There is a condition that may interfere with learning: yes no

Describe any abnormal findings or chronic conditions.

Health Concerns	Medication/Treatment/Referral Plan	Recommendations for School

Note: a separate form is required for all medications and treatments to be administered at school.

Signature and title of health care provider _____

Print name _____

Date of physical exam _____

Clinic name _____

Phone _____

Fax _____

Instructions, please complete:

Box 1 to certify the child's immunization status

Box 2 to file an exemption (medical or conscientious)

Box 3 to provide consent to share immunization information (optional)

1. Certify Immunization Status. Complete A or B to indicate child's immunization status.

<p>A. Received all required immunizations: I certify that this student has received all immunizations required by law.</p> <p>_____</p> <p>Signature of Parent / Guardian OR Physician / Public Clinic</p> <p>_____ Date</p>	<p>B. Will complete required immunizations within the next 8 months:</p> <p>I certify that this student has received at least one dose of vaccine for diphtheria, tetanus, and pertussis (if age-appropriate), polio, hepatitis B, varicella, measles, mumps, and rubella and will complete his/her diphtheria, tetanus, pertussis, hepatitis B, and/or polio vaccine series within the next 8 months.</p> <p>The dates on which the remaining doses are to be given are:</p> <p>_____</p> <p>Signature of Physician / Public Clinic</p> <p>_____ Date</p>
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2. Exemptions to School Immunization Law. Complete A and/or B to indicate type of exemption.

<p>A. Medical exemption: No student is required to receive an immunization if they have a medical contraindication, history of disease, or laboratory evidence of immunity. For a student to receive a medical exemption, a physician, nurse practitioner, or physician assistant must sign this statement: I certify the immunization(s) listed below are contraindicated for medical reasons, laboratory evidence of immunity, or that adequate immunity exists due to a history of disease that was laboratory confirmed (for varicella disease see * below). List exempted immunization(s):</p> <p>_____</p> <p>Signature of physician/nurse practitioner/physician assistant</p> <p>_____ Date</p> <p>*History of varicella disease only. In the case of varicella disease, it was medically diagnosed or adequately described to me by the parent to indicate past varicella infection in _____ (year)</p> <p>_____</p> <p>Signature of physician/nurse practitioner/physician assistant (If disease occurred before September 2010, a parent can sign.)</p>	<p>B. Conscientious exemption: No student is required to have an immunization that is contrary to the conscientiously held beliefs of his/her parent or guardian. However, not following vaccine recommendations may endanger the health or life of the student or others they come in contact with. In a disease outbreak schools may exclude children who are not vaccinated in order to protect them and others. To receive an exemption to vaccination, a parent or legal guardian must complete and sign the following statement and have it notarized: I certify by notarization that it is contrary to my conscientiously held beliefs for my child to receive the following vaccine(s):</p> <p>_____</p> <p>Signature of parent or legal guardian</p> <p>_____ Date</p> <p>Subscribed and sworn to before me this: _____ day of _____ 20_____</p> <p>_____</p> <p>Signature of notary</p>
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3. Parental/Guardian Consent to Share Immunization Information (optional):

Your child's school is asking your permission to share your child's immunization documentation with MIIC, Minnesota's immunization information system, to help better protect students from disease and allow easier access for you to retrieve your child's immunization record. You are not required to sign this consent; it is voluntary. In addition, all the information you provide is legally classified as private data and can only be released to those legally authorized to receive it under Minnesota law.

I agree to allow school personnel to share my student's immunization documentation with Minnesota's immunization information system:

Signature of parent or legal guardian Date