

HEALTH ENTRANCE REQUIREMENT TO ST. JOSEPH CATHOLIC SCHOOLS

Dear Parent or Guardian:

St. Joseph Education Commission requires that students entering school at the start of Kindergarten and a new or re-entering student to St. Joseph School have a current health record including: a health history, a medical exam and adequate immunizations. The following information is requested so that the school and parent can work together to meet the physical, intellectual, and emotional needs of the child. Please fill out the information requested in Section 1. The remaining sections are to be completed by a doctor or nurse.

Section I – Personal

Child's Name _____ Sex _____ Date of Birth ____/____/____
(Last) (First) (Middle)

Address _____ Today's Date ____/____/____
(Number & Street) (City) (Zip)

Parent or Guardian's Name _____ Home Phone _____ Work Phone _____

With Whom Does Child Live? _____ School _____ Grade _____

ALLERGIES	Mild	Moderate	Severe		Mild	Moderate	Severe
Animals (kind)	_____	_____	_____	Food(Kind)	_____	_____	_____
Asthma	_____	_____	_____	Hayfever	_____	_____	_____
Drug (type)	_____	_____	_____	Bee Stings	_____	_____	_____

PLEASE EXPLAIN SPECIFIC REACTION FOR ANY CHECKED ABOVE _____

DISEASES (Specify age)

Measles (Red/Rubeola/10-Day) _____ Mumps _____ Chickenpox _____
Measles (German/Rubella/3-Day) _____ Scarlet Fever _____ Meningitis _____

Please explain if your child has any of the following problems:

Convulsions _____	Heart Disorder _____
Diabetes _____	Dental _____
Epilepsy _____	Orthopedic _____
Tonsillitis _____	Vision/Eye _____
Emotional _____	Hearing/Ear _____

Does your child take any medication regularly? (Please specify) _____

Please explain any serious surgeries, illnesses, injuries or other physical problems (specify age): _____

EMERGENCY CARE PERMISSION

In case of illness or injury, you should contact one of the following persons:

1. _____ Telephone _____ at _____
or 2. _____ Telephone _____ at _____

If it is impossible to contact one of the above persons, you may contact our physician at # _____.

In case of serious illness or injury, I hereby request that authorized school personnel transfer my child directly to the hospital, or send by ambulance if needed, and I will assume all financial obligations. I further authorize any licensed physician or dentist and/or hospital to provide necessary treatment. I understand this health information can be shared when it is educationally relevant for academic progress, necessary for providing health services including emergency care, or essential to ensure the protection of other students and school personnel. I understand this permission will continue to be in effect as long as the student is enrolled in St. Johns Public School, unless revoked in writing.

(Signature of Parent)

SECTION II – TESTS AND MEASUREMENTS

Tests	Norm	Under Care	Ref.	TESTS	Norm	Under Care	Ref.
Vision tested ___Yes___No Ocular Muscle _____ Other _____ Date _____				Urinalysis Done? ___Yes___No			
Hearing teste? ___Yes___No Audiometer _____ Other _____ Date _____				Blood Pressure? ___Yes___No Reading: _____			
Hemoglobin/Hemotocrit Tested? ___Yes___No				Height _____ Weight _____			

Essential Findings Deviating From Normal and/or Recommendations

Tuberculin test (if given) Date: _____ Negative _____ Positive _____

SECTION III IMMUNIZATION REQUIREMENTS

Michigan Law requires that all children enrolling in school must show adequate immunization for the following:

DtaP/DPT/DT/Td	4 or more doses	INCLUDING A PRESCHOOL BOOSTER AFTER AGE 4, followed by a Td booster every 10 years.
Polio (OPV/PV)	3 or more doses	INCLUDING A PRESCHOOL BOOSTER AFTER AGE 4.
Measles Mumps Rubella (MMR)	2 doses	First dose must be given on or after the first birthday. The second dose must be given at least thirty days from the first dose and at or after fifteen months of age or current laboratory evidence of immunity.
Hepatitis B	3 doses	Required for ages 4-18 years.
Chicken Pox (Varicella)	2 doses	of vaccine or reliable history of chickenpox disease.
Meningococcal	1 dose	Required for ages 11-18 years.

State law prohibits a Michigan School district from admitting new entrants to school without current immunization record or a signed exemption. Waiver forms are available at the nurse's office for medical contraindication or religious objection. Failure to meet these requirements, as set by the Michigan Department of Public Health, requires the school district to EXCLUDE the child from attendance.

IMMUNIZATIONS (RECORD MONTH, DAY AND YEAR OF IMUNIZATION)

DPT/DT
Td ___/___/___ ___/___/___ ___/___/___ ___/___/___
OPV/PV ___/___/___ ___/___/___ ___/___/___ ___/___/___
MMR ___/___/___ ___/___/___
Hepatitis B ___/___/___ ___/___/___
Chickenpox ___/___/___ ___/___/___ OR My Child has had chickenpox disease _____
Age or Date

Meningococcal ___/___/___

SECTION IV - RECOMMENDATIONS

It is my opinion that _____ is physically able to participate in all Health and Physical Education Classes and activities (or) PLEASE STATE ANY RESTRICTIONS IN ACTIVITY.

Date _____ Examiner's Signature _____ Degree or License _____