

Thank you for your interest in Brentwood Borough School District. The following is a list of the documentation you will need to provide at the time of your registration. The attached checklist and completion of the attached documents will help to make your registration as quick and easy as possible. Please allow a minimum of 3 school days from the date all records have been submitted for your child's registration to be completely processed.

Please make an appointment to register your child after you have gathered all needed paperwork and completed the attached forms. Appointments can be scheduled by contacting **Dr. Chris Winiarski at 412-881-4940 ext 2215.**

REGISTRATION CHECKLIST

Please bring the following to your appointment:

1. Child's birth certificate/ court order listing you as custodial parent/guardian
2. Current lease agreement, original deed to your home, or current mortgage statement listing your address
3. Two (2) current documents demonstrating your residence in the borough. Acceptable documentation for proof of residency may include:
 - _____ current utility bill (gas, electric, water, cable, telephone) in your name at the address of your residence within the district.
 - _____ IRS statement or other wage and tax statements, e.g., W2, 1040, 1099
 - _____ Voter Registration Card showing current address
 - _____ Recent employer pay stub showing current address
 - _____ Recent letter from a government agency with the parent/guardian's name and current address (i.e., Social Security, Public Assistance, IRS, etc.)
 - _____ Current PA driver's license/Non-driver's license with your current address
 - _____ Current vehicle registration or car insurance policy with your current address
 - _____ Current credit card bill with your current address
 - _____ Recent bank statement with your current address
4. Your child's immunization record
5. Any legal documents concerning your child- Custody Orders, PFAs, etc.

Please complete and bring these forms from the enrollment packet:

1. Residency Verification Form
2. Parental Registration Statement
3. Enrollment Record
4. Authorization for Release of Educational Records
5. Home Language Survey
6. AIU English as a Second Language Student Background Questionnaire (if applicable- Only complete if English is **NOT** the student's native language)
7. Student Residency Questionnaire
8. Family Access Registration
9. Health History and Certification of Immunization Status
10. Private or School Physical Examination of School Age Student

**BRENTWOOD BOROUGH SCHOOL DISTRICT
RESIDENCY VERIFICATION**

Parent/Guardian/Foster Parent

Home Telephone Number

Address

Work Telephone Number

Student Name

Grade

Age

Student Name

Grade

Age

Student Name

Grade

Age

Section 1 Please read and answer all questions that apply.

1. Are you the child's custodial parent or guardian? Yes No
 If yes – present copy of birth certificate and/or court order and go to question #4
 If no – go to question #2

2. Are you a **foster parent** to the child? Yes No
 If yes – complete questions 3 through 5
 If no – complete **Parents' Declaration and Authorization for Admission of Non-resident Student**, then complete questions 4 and 5

3. As a foster parent, are you receiving any form of compensation to support this child? Yes No

4. Are you currently a resident of the Brentwood Borough School District? Yes No
 If yes – proceed to question #5
 If no – go to Section 2 on the back of this form

5. At this time, you must present documentation in your name demonstrating that your residence is within the Brentwood Borough School District. The District requires you to present a current, original lease agreement, the original deed to your home or a current, original tax statement in your name at the address of your residence along with any **two (2)** of the following forms of documentation:

- a. A valid Pennsylvania Driver's License or Pennsylvania ID Card with the address listed above.
- b. Proof of utilities in your name at the address listed above. These include gas, electric, sewage, water, or telephone.
- c. A valid U.S. Passport with your name at the address listed above.
- d. A payroll check or government check stub with your name at the address listed above.
- e. An IRS tax return within the last year with your name at the address listed above.

Section 2 Eligibility of Non-resident Students

1. Has the parent/guardian executed a contract to buy or rent a residence in the District? Yes No

If yes – the parent/guardian must complete a **Future Resident Certification Form**

If no – you are not eligible to enroll your student(s) in the Brentwood Borough School District.

Within **thirty (30) days** of completion of the contract, the parent/guardian must show a current, original lease agreement or the original deed to the home in the parent/guardian's name at the address of residence along with any **two (2)** of the following forms of documentation:

- a. A valid Pennsylvania Driver's License or Pennsylvania ID Card with the address of your residence.
- b. Proof of utilities in your name at the address of your residence. These include gas, electric, sewage, water, or telephone.
- c. A valid U.S. Passport with your name at the address of your residence.
- d. A payroll check or government check stub with your name at the address of your residence.
- e. An IRS tax return within the last year with your name at the address of your residence.

The District reserves the right to verify all claims.

Date of Residency Verification _____

Signature of Parent/Guardian

I have reviewed all information needed and found that this student may enroll in the Brentwood Borough School District.

Signature of Building Principal



SCHOOL DISTRICT OF THE BOROUGH OF BRENTWOOD

Parental Registration Statement

Administrative Offices

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-2227
Fax: 412-881-1640

Brentwood High School

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-4940
Fax: 412-881-4170

Guidance Office

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-4940 x2131
Fax: 412-881-4170

Brentwood Middle School

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-4940
Fax: 412-881-4170

Special Education Office

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-4940 x2215
Fax: 412-881-7195

Elroy Elementary School

3129 Elroy Avenue
Pittsburgh, PA 15227-2824
Phone: 412-881-4484
Fax: 412-881-9448

Moore Elementary School

3809 Dalewood Street
Pittsburgh, PA 15227-3509
Phone: 412-881-7776
Fax: 412-881-8994

Athletic/Activity Director

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-4940 x2720
Fax: 412-881-1640

Student Name _____

Date of Birth _____

Parent/Guardian Name _____

Address _____

Telephone Number _____

Pennsylvania School Code 13-1304-A states in part "Prior to admission to any school entity, the parent, guardian or other person having control or charge of a student shall, upon registration, provide a sworn statement or affirmation stating whether the pupil was previously suspended or expelled from any public or private school of this Commonwealth or any other state for an act of offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property."

Please complete the following:

I hereby swear or affirm that my child **was** _____ / **was not** _____ previously suspended or expelled from any public or private school of this Commonwealth or any other state for any act or offense involving weapons, alcohol or drugs, or for the willful infliction of injury to another person or for any act of violence committed on school property.* I make this statement subject to the penalties of 24 P.S. Section 13-1304-A(b) and 18 Pa C.S.A. Section 4904, relating to unsworn falsification to authorities, and the facts contained herein are true and correct to the best of my knowledge, information and belief.

(Signature of Parent/Guardian)

(Date)

*Name of the school from which student was suspended or expelled; reason for suspension/expulsion; and dates of suspension or expulsion (optional)

Any willful false statement made above shall be a misdemeanor of the third degree. This form shall be maintained as part of the student's disciplinary record.

Brentwood Borough School District

ENROLLMENT RECORD

Today's date:		Registering for Grade:	
STUDENT INFORMATION			
Student's last name:		First:	Middle:
Birth place: (city/state/country)		Birth date:	Age: Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Home address:		Primary phone: home cell work ()	2nd phone: home cell work ()
City:	State:	ZIP Code:	
Birth certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Custody order?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ethnicity?		What is your race?	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
Student lives with: (Please check all that apply and print information)			
<input type="checkbox"/> Father		Email:	
Father's address		Phone:	
<input type="checkbox"/> Mother		Email:	
Mother's address		Phone:	
<input type="checkbox"/> Stepfather		Phone:	
<input type="checkbox"/> Stepmother		Phone:	
<input type="checkbox"/> Legal guardian(s)		Email:	
Legal guardian's address		Phone:	
<input type="checkbox"/> Foster parent(s)		Email:	
Foster parent's address		Phone:	
BROTHERS / SISTERS	AGE	SCHOOL	
Does your child receive special education services?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, type of program: <input type="checkbox"/> IEP <input type="checkbox"/> Gifted <input type="checkbox"/> Chapter 15 / 504 Plan <input type="checkbox"/> Speech IEP	

BRENTWOOD BOROUGH SCHOOL DISTRICT
ENROLLMENT RECORD

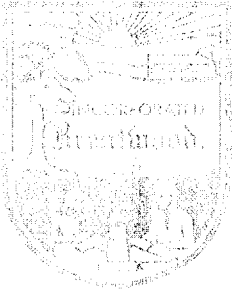
PAGE 2

FORMER SCHOOL

Name of former school:		Grade:
School district:	County:	State:
Name of former school:		Grade:
School district:	County:	State:
Name of former school:		Grade:
School district:	County:	State:
Has student previously attended Brentwood schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what: <div style="display: flex; justify-content: space-around; width: 100%;"> Year: Grade: School: </div>
Has your child repeated any grade?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the grade: _____

Signature of person completing this form: _____

Relationship to child: _____ **Date:** _____



SCHOOL DISTRICT OF THE BOROUGH OF BRENTWOOD

Authorization for Release of Educational Records

Date: _____

Student Name: _____

I hereby authorize the release of records from the agency/person(s) listed below:

From: _____
Former Agency or School Name

To: Elroy Elementary School

Moore Elementary School

Brentwood Middle School

Brentwood High School

Street Address _____

City, State, Zip _____

Phone #: _____

Fax #: _____

Check all record types to be released:

Health Records Attendance Records Verbal/Written Communications

Special Education Records (Evaluation-Reports, Individualized-Education-Program) _____

Transcripts, Report Cards and Standardized Test Results

All other relevant information pertaining to education planning

The reason for disclosing the records is for referral, assessment and to facilitate educational planning.

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. It is my right to request a copy of all information and contest anything that I feel is incorrect.

Parent/Guardian Signature

Street Address, City, State, Zip

Contact Phone #

Administrative Offices

3601 Brownsville Road
Pittsburgh, PA 15227-3117
Phone: 412-881-2227
Fax: 412-881-1640

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Athletic/Activity Director

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Phone: 412-881-4940 x2720
Fax: 412-881-1640

Brentwood Borough School District
Home Language Survey*

The Office of Civil Rights (OCR) requires that school districts/charter schools/full day AVTS identify limited English proficient (LEP) students in order to provide appropriate language instructional programs for them. Pennsylvania has selected the Home Language Survey as the method for their identification.

School: Elroy Moore

Student Name: _____

1. What is/was the student's first language? _____
2. Does the student speak a language other than English? Yes No
If yes, please specify the language: _____
3. What language is spoken in your home? _____
4. Has the student attended a school in the United States in the last 3 years?
 Yes No

If yes, please complete the following:

Name of School	State	Dates Attended
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing this form (if other than the Parent/Guardian):

Parent/Guardian Signature: _____

* The school district/charter school/full day AVTS has the responsibility under the federal law to serve students who are limited English proficient and need English instructional services. Given this responsibility, the school district/charter school/full day AVTS has the right to ask for the information it needs to identify English Language Learners (ELLs). As part of the responsibility to locate and identify ELLs, the school district/charter school/full day AVTS may conduct screenings or ask for related information about students who are already enrolled in the school as well as from students who enroll in the school district/charter school/full day AVTS in the future.

Please file original with student's records.
Forward a copy to your District ESL Administrator.

PA Secure ID: _____
School District: _____
School: _____ Grade: _____



English as a Second Language Student Background Questionnaire

Student's Name: _____
(First) (Last)

Male / Female Birthday: _____ Age: _____ Telephone: _____
circle one (month) (day) (year)

Address: _____

Father's Name _____ Father's Native Country _____

Mother's Name _____ Mother's Native Country _____

Names and ages of brothers and sisters: _____

Names and relationships of others living in the home: _____

Was your child born outside the U.S? No Yes If yes, list the country: _____

Child's First Spoken Language: _____

When did this student come to the United States? _____

What language is used with parents? _____ With siblings? _____
With friends? _____

If your child is cared for by another person, what language is most often used? _____

Is an interpreter needed for home/school communication? No Yes

My child...	Very well	Only a little	Not at all
Reads English			
Writes English			
Reads first language			
Writes first language			



Student's Name: _____

SCHOOL HISTORY

Please give the following information. Fill in name of each school one time. Indicate any breaks in schooling. Give any information that would help us understand your student's background better.

Age	Grade	Name of School; Location	Language(s) Used
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18+			

Last grade completed: _____ When? _____

Has your child studied English? No Yes How long? _____

Has your child ever received ESL instruction? No Yes Where? _____

Additional information you want us to know:

Student's special interests: _____

In school, student does well in: _____

Special medical problems the school should know about:

Does your child have learning difficulties? _____

Other: _____

Form filled out by: _____
(Signature) (Date)

Student grade placement (if determined): _____

School District Student Residency Questionnaire


Dear Parent or Guardian,

Your responses to these questions will help staff determine what residency documents are necessary to enroll your child. Thank you for your cooperation.

1. Student name: _____ Birth date: _____

Person completing form: _____ Relationship to child: _____

2. In what type of setting is the child living now? Check one box below:

Section A	Section B
<p><input type="checkbox"/> In an emergency or transitional shelter</p> <p><input type="checkbox"/> Sharing the housing of other persons due to loss of housing, economic hardship, or similar reason</p> <p><input type="checkbox"/> In a motel, hotel, campsite, or car due to a lack of alternative, adequate accommodations</p> <p><input type="checkbox"/> In a car, park, public space, abandoned building, substandard housing, bus or train stations, or similar settings</p> <p><input type="checkbox"/> Other places not designed for, or ordinarily used as, regular sleeping accommodations for human beings</p> <p>CONTINUE TO THE QUESTIONS BELOW if you checked a box in SECTION A</p>	<p><input type="checkbox"/> None of the choices in SECTION A apply</p> <div style="text-align: center;"></div> <p>If you checked this section, you do not need to complete questions 3 through 6. Please sign and date the form and turn it in.</p>

3. Contact number for person completing this form: _____

Address where the child is now living: _____

4. The child lives with (Check all that apply):

- Parent or legal guardian
- Relative, friend or other adult
- Alone
- Other: _____

5. Name, Address & Phone Number of the school the child attended last: _____

6. Does the child have an IEP or a Chapter 15/504 agreement?

- No.
- Yes. Please explain: _____

Signature of Parent/Legal Guardian: _____ Date: _____

Brentwood Borough School District Family Access Registration

Please fill in the appropriate information below for each parent and/or guardian that would like to have a login and password to access your child's school information using Family Access. If parents and/or guardians would like to share one login, please fill in only one guardian name and e-mail address. If you would like multiple parents and/or guardians to have their own access, please fill in both guardian names and e-mail address fields.

This is a free service.

Please print legibly (illegible forms will not be processed).

Guardian Full Name: _____

Phone # _____ *Email _____

**An email address is required to receive your confidential user name and password.*

Guardian Full Name: _____

Phone # _____ Email _____

Please list below the names of your children, the school they attend and their relationship to you.

Student Name

School

Relationship

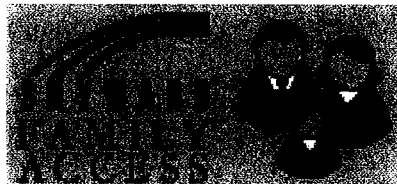
<u>Student Name</u>	<u>School</u>	<u>Relationship</u>

Please select one option below:

_____ Send my password(s) via email

_____ No password is requested ± I waive this service

Signature _____ Date _____



FOR OFFICE USE ONLY

Date Request Received: _____

Date Completed: _____ By: _____

Brentwood Elementary Schools

Health History and Certification of Immunization Status

Student Name: _____ Birth Date: _____

Female Male

Home Address: _____

Phone Number: _____

Father's Name: _____

Mother's Name: _____

Person with whom the student lives: _____

VACCINES RECEIVED

(You may attach a printed copy from your doctor's office or fill in the dates below.)

Vaccine	# Required	1	2	3	4	5
Any combination of DTP, DT and TD	4 (Last one must be after 4 th birthday)					
OPV (Oral Polio)	3					
MMR (Measles, Mumps, Rubella)	2					
Hepatitis B	3					
Varicella (Or date that your child had chickenpox)	2					

The Commonwealth of Pennsylvania requires physical examinations for students in Kindergarten (or upon entrance to school), 6th, and 11th grades. Dental examinations are required in grades 1, 3 and 7.

I prefer that my child be examined by: My personal physician The school physician

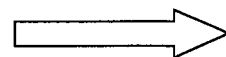
I prefer that my child be examined by: My personal dentist The school dentist

Has your child had and of the following (Please provide details):

Ear problems: _____

Vision/Eye problems: _____

PLEASE COMPLETE THE BACK OF THIS FORM



Hospitalization: _____

Chronic or recurrent illness or condition: _____

Serious accident or injury: _____

Operations: _____

Emotional problems: _____

Seizures: _____

Asthma: _____

Allergies: _____

Please list any other health concerns that you feel are important for the school to be aware of:

Please list below any medications that your child takes on a regular basis. Please note whether it will be necessary for your child to receive these medications while they are at school.

_____	_____
_____	_____
_____	_____

Would you like a conference with the school nurse? Yes No

Can the medical information on this form be shared with the school staff? Yes No



Bureau of Community Health Systems
Division of School Health

**Private or School
PHYSICAL EXAMINATION
OF SCHOOL AGE STUDENT**

PARENT / GUARDIAN / STUDENT:
Complete page one of this form **before**
student's exam. Take completed form to
appointment.

Student's name _____ Today's date _____

Date of birth _____ Age at time of exam _____ Gender: Male Female

Medicines and Allergies: Please list all prescription and over-the-counter medicines and supplements (herbal/nutritional) the student is currently taking:

Does the student have any allergies? No Yes (If yes, list specific allergy and reaction.)

Medicines Pollens Food Stinging Insects

Complete the following section with a check mark in the YES or NO column; circle questions you do not know the answer to.

GENERAL HEALTH: <i>Has the student...</i>	YES	NO
1. Any ongoing medical conditions? If so, please identify: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infection Other _____		
2. Ever stayed more than one night in the hospital?		
3. Ever had surgery?		
4. Ever had a seizure?		
5. Had a history of being born without or is missing a kidney, an eye, a testicle (males), spleen, or any other organ?		
6. Ever become ill while exercising in the heat?		
7. Had frequent muscle cramps when exercising?		
HEAD/NECK/SPINE: <i>Has the student...</i>	YES	NO
8. Had headaches with exercise?		
9. Ever had a head injury or concussion?		
10. Ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
11. Ever had numbness, tingling, or weakness in his/her arms or legs after being hit or falling?		
12. Ever been unable to move arms or legs after being hit or falling?		
13. Noticed or been told he/she has a curved spine or scoliosis?		
14. Had any problem with his/her eyes (vision) or had a history of an eye injury?		
15. Been prescribed glasses or contact lenses?		
HEART/LUNGS: <i>Has the student...</i>	YES	NO
16. Ever used an inhaler or taken asthma medicine?		
17. Ever had the doctor say he/she has a heart problem? If so, check all that apply: <input type="checkbox"/> Heart murmur or heart infection <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kawasaki disease <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
18. Been told by the doctor to have a heart test? (For example, ECG/EKG, echocardiogram)?		
19. Had a cough, wheeze, difficulty breathing, shortness of breath or felt lightheaded DURING or AFTER exercise?		
20. Had discomfort, pain, tightness or chest pressure during exercise?		
21. Felt his/her heart race or skip beats during exercise?		
BONE/JOINT: <i>Has the student...</i>	YES	NO
22. Had a broken or fractured bone, stress fracture, or dislocated joint?		
23. Had an injury to a muscle, ligament, or tendon?		
24. Had an injury that required a brace, cast, crutches, or orthotics?		
25. Needed an x-ray, MRI, CT scan, injection, or physical therapy following an injury?		
26. Had joints that become painful, swollen, feel warm, or look red?		
SKIN: <i>Has the student...</i>	YES	NO
27. Had any rashes, pressure sores, or other skin problems?		
28. Ever had herpes or a MRSA skin infection?		

GENITOURINARY: <i>Has the student...</i>	YES	NO
29. Had groin pain or a painful bulge or hernia in the groin area?		
30. Had a history of urinary tract infections or bedwetting?		
31. FEMALES ONLY: Had a menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: At what age was her first menstrual period? _____ How many periods has she had in the last 12 months? _____ Date of last period: _____		
DENTAL:	YES	NO
32. Has the student had any pain or problems with his/her gums or teeth?		
33. Name of student's dentist: _____ Last dental visit: <input type="checkbox"/> less than 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> greater than 2 years		
SOCIAL/LEARNING: <i>Has the student...</i>	YES	NO
34. Been told he/she has a learning disability, intellectual or developmental disability, cognitive delay, ADD/ADHD, etc.?		
35. Been bullied or experienced bullying behavior?		
36. Experienced major grief, trauma, or other significant life event?		
37. Exhibited significant changes in behavior, social relationships, grades, eating or sleeping habits; withdrawn from family or friends?		
38. Been worried, sad, upset, or angry much of the time?		
39. Shown a general loss of energy, motivation, interest or enthusiasm?		
40. Had concerns about weight; been trying to gain or lose weight or received a recommendation to gain or lose weight?		
41. Used (or currently uses) tobacco, alcohol, or drugs?		
FAMILY HEALTH:	YES	NO
42. Is there a family history of the following? If so, check all that apply: <input type="checkbox"/> Anemia/blood disorders <input type="checkbox"/> Inherited disease/syndrome <input type="checkbox"/> Asthma/lung problems <input type="checkbox"/> Kidney problems <input type="checkbox"/> Behavioral health issue <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Diabetes <input type="checkbox"/> Sickle cell trait or disease Other: _____		
43. Is there a family history of any of the following heart-related problems? If so, check all that apply: <input type="checkbox"/> Brugada syndrome <input type="checkbox"/> QT syndrome <input type="checkbox"/> Cardiomyopathy <input type="checkbox"/> Marfan syndrome <input type="checkbox"/> High blood pressure <input type="checkbox"/> Ventricular tachycardia <input type="checkbox"/> High cholesterol <input type="checkbox"/> Other: _____		
44. Has any family member had unexplained fainting, unexplained seizures, or experienced a near drowning?		
45. Has any family member / relative died of heart problems before age 50 or had an unexpected / unexplained sudden death before age 50 (includes drowning, unexplained car accidents, sudden infant death syndrome)?		
QUESTIONS OR CONCERNS	YES	NO
46. Are there any questions or concerns that the student, parent or guardian would like to discuss with the health care provider? (If yes, write them on page 4 of this form.)		

I hereby certify that to the best of my knowledge all of the information is true and complete. I give my consent for an exchange of health information between the school nurse and health care providers.

Signature of parent / guardian / emancipated student _____ Date _____

STUDENT'S HEALTH HISTORY (page 1 of this form) REVIEWED PRIOR TO PERFORMING EXAMINATION: Yes No

Physical exam for grade: K/1 <input type="checkbox"/> 6 <input type="checkbox"/> 11 <input type="checkbox"/> Other <input type="checkbox"/>	CHECK ONE			*ABNORMAL FINDINGS / RECOMMENDATIONS / REFERRALS
	NORMAL	*ABNORMAL	DEFER	
Height: () inches				
Weight: () pounds				
BMI: ()				
BMI-for-Age Percentile: () %				
Pulse: ()				
Blood Pressure: (/)				
Hair/Scalp				
Skin				
Eyes/Vision Corrected <input type="checkbox"/>				
Ears/Hearing				
Nose and Throat				
Teeth and Gingiva				
Lymph Glands				
Heart				
Lungs				
Abdomen				
Genitourinary				
Neuromuscular System				
Extremities				
Spine (Scoliosis)				
Other				

TUBERCULIN TEST	DATE APPLIED	DATE READ	RESULT/FOLLOW-UP

MEDICAL CONDITIONS OR CHRONIC DISEASES WHICH REQUIRE MEDICATION, RESTRICTION OF ACTIVITY, OR WHICH MAY AFFECT EDUCATION

(Additional space on page 4)

Parent/guardian present during exam: Yes No

Physical exam performed at: Personal Health Care Provider's Office School Date of exam _____ 20____

Print name of examiner _____

Print examiner's office address _____ Phone _____

Signature of examiner _____ MD DO PAC CRNP

HEALTH CARE PROVIDERS: Please photocopy immunization history from student's record – OR – insert information below.

IMMUNIZATION EXEMPTION(S):

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

Medical Date Issued: _____ Reason: _____ Date Rescinded: _____

NOTE: The parent/guardian must provide a written request to the school for a religious or philosophical exemption.

VACCINE	DOCUMENT: (1) Type of vaccine; (2) Date (month/day/year) for each immunization				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (child) Type: DTaP, DTP or DT					
Diphtheria/Tetanus/Pertussis (adolescent/adult) Type: Tdap or Td					
Polio Type: OPV or IPV					
Hepatitis B (HepB)					
Measles/Mumps/Rubella (MMR)					
Mumps disease diagnosed by physician <input type="checkbox"/>	Date: _____				
Varicella: Vaccine <input type="checkbox"/> Disease <input type="checkbox"/>					
Serology: (Identify Antigen/Date/POS or NEG) i.e. Hep B, Measles, Rubella, Varicella					
Meningococcal Conjugate Vaccine (MCV4)					
Human Papilloma Virus (HPV) Type: HPV2 or HPV4					
Influenza Type: TIV (injected) LAIV (nasal)	1	2	3	4	5
	6	7	8	9	10
	11	12	13	14	15
Haemophilus Influenzae Type b (Hib)					
Pneumococcal Conjugate Vaccine (PCV) Type: 7 or 13					
Hepatitis A (HepA)					
Rotavirus					
Other Vaccines: (Type and Date)					

