

SCHOOL ENTRANCE PHYSICAL EXAMINATION AND IMMUNIZATION CERTIFICATION COMMONWEALTH OF VIRGINIA

PART I

PERSONAL DATA

NAME _____ BIRTH DATE: _____
LAST FIRST M.I. (NICKNAME) MO DAY YR

SEX: MALE FEMALE RACE: _____ CHILD'S SOCIAL SECURITY #: _____

PARENT OR GUARDIAN: _____ WORK PHONE: _____
LAST FIRST M.I.

HOME ADDRESS: _____ ZIP: _____ HOME PHONE: _____

SCHOOL DATA

SCHOOL _____ SCHOOL DIVISION _____ STUDENT I.D. NUMBER _____ SCHOOL YEAR/GRADE _____

HEALTH HISTORY

LIST ANY SERIOUS ILLNESSES, ACCIDENTS, OPERATIONS, NUTRITIONAL, DENTAL, MENTAL OR EMOTIONAL PROBLEMS OR HANDICAPPING CONDITIONS:

1. _____ IS CHILD RECEIVING CONTINUING MEDICAL CARE: YES NO
 2. _____ IS CHILD TAKING ANY MEDICATION REGULARLY: YES NO
 3. _____ IS CHILD USING ANY MEDICAL DEVICE: YES NO

SIGNED: PARENT OR GUARDIAN DATE _____

PHYSICAL EXAMINATION

HT: _____ WT: _____ B/P: _____ URINALYSIS: _____
 HEARING: _____ R _____ L _____ HEMOGLOBIN: _____
 VISION: W/O GLASSES: R 20/ _____ L 20/ _____ TUBERCULIN _____
 W/ GLASSES: R 20/ _____ L 20/ _____ (IF GIVEN): _____
 COLOR DISCRIMINATION: _____ OTHER: _____

NORMAL EVALUATION IF NOT, DESCRIBE ABNORMAL OR HANDICAPPING CONDITIONS: _____ RECOMMENDATIONS: _____
 1. _____ 1. _____
 2. _____ 2. _____
 3. _____ 3. _____

SIGNED: PHYSICIAN **X** DATE _____

PART II

CERTIFICATION OF IMMUNIZATION*

IMMUNIZATIONS	VACCINE DOSES ADMINISTERED					RELIGIOUS EXEMPTION
DIPHTHERIA TETANUS PERTUSSIS (DTP)	1) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	2) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	3) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	4) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	5) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	<small>§ 22.1-271.2, C.(i) of the Code allows a child an exemption from receiving immunizations required for school attendance if he or his parent or guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school for the first time after July 1, 1983 must submit this affidavit on a Certificate of Religious Exemption (Form CRE-1) which may be obtained at any local health department, school division superintendent's office or local department of social services.</small>
DIPHTHERIA TETANUS (Td)	1) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	2) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	3) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	4) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	5) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	
POLIOMYELITIS (OPV)	1) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	2) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	3) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	4) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	5) <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>	
MEASLES	Serological Confirmation of Immunity <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small> Live Virus Vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/>		MEDICAL EXEMPTION <input type="checkbox"/> DTP <input type="checkbox"/> Td <input type="checkbox"/> OPV <input type="checkbox"/> Measles <input type="checkbox"/> Rubella <input type="checkbox"/> Mumps As specified in § 22.1-271.2.C.(ii) of the Code, I certify that administration of the vaccine(s) designated above would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because _____ _____ This contraindication is <input type="checkbox"/> permanent (or) <input type="checkbox"/> temporary and expected to preclude immunization until _____ X Signature of Physician or Health Department Official _____ Date _____			
RUBELLA	Serological Confirmation of Immunity <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>		Child entered school before August 1, 1981 <input type="checkbox"/> YES			
MUMPS	Serological Confirmation of Immunity <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>					
MEASLES, MUMPS, RUBELLA (MMR)	Serological Confirmation of Immunity <u> </u> / <u> </u> / <u> </u> <small>Mo Day Yr</small>		I certify that this student has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this student has a plan for the completion of his immunization requirements.			

*Please see instructions on the back of this form

I certify that this student is adequately immunized in accordance with the minimum requirements for attending school prescribed by the State Board of Health as shown on the reverse of this form.

X
 Signature of Physician or Health Department Official _____ Date _____