Date of physical exam & TB must be after Aug 4, 2014

Forms due by May 30, 2015

Confidential

Kindergarten Only

KAMEHAMEHA SCHOOLS - Hawaii

Student Health Record - 2015 / 2016

Name (Last) (First) (MI)	Sex M F	Birthdate:
Address City Zip Code		Grade:

Parent To Complete This Section

Student Medical History (Please answer all questions)

1. Has your child had any allergic reactions to medications, foods, beestings, etc.? Yes _____ No _____
2. If yes, what was the reaction to? When was the last reaction? What kind of reaction? (hives? difficulty breathing? etc)

_____

How was she/he treated? _____

3. List significant medical conditions (ie. asthma, diabetes, etc), major illnesses or injuries: _____

_____

4. List all medications taken regularly (for asthma, acne, allergies, etc.): _____

_____

I certify that the above information is true and correct to the best of my knowledge.

Print Parent Name _____ Parent's Signature _____ Date _____

Physician To Complete This Section

Immunizations Required For School Attendance

(Month/day/year are required by State Law)

DTap/DTP	/ /	/ /	/ /	/ /	/ /			
Polio	/ /	/ /	/ /	/ /	MMR	/ /	/ /	
Hep B	/ /	/ /	/ /	/ /	Other	/ /		
Varicella vacc dates		/ /	/ /	Varicella Disease	/ /			

TB Clearance

Neg PPD within last 6 mos. or
Pos PPD = CXR within 6 mos.

Date Given / By	/ /	
Date Read / By	/ /	
Results		mm

Physical Examination Results		N	A		N	A		N	A
Height	ins.	Ears			Heart			Skin		
Weight	lbs.	Eyes			Lungs			Genitalia		
Pulse		Nose			Abdomen			Extremities		
Blood Pressure		Mouth			Nervous System			Spine/Scoliosis		
		Throat			Vision Screening			Hearing Screening		

N = Normal **A = Abnormal**

Does this child have any allergies to medications, foods, beestings, etc.? **Yes** _____ **No** ____

Please describe reaction, treatment, etc. _____

Is student able to participate in vigorous physical education, intramurals and other school activities? **Yes**____ **No**____

Please list conditions that require restriction or limitation of activities: _____

_____

I certify that the student's TB examination, physical examination and immunizations are documented according to the requirements in the Hawaii Administrative Rules, chapter 11 - 157.

Healthcare Provider's Name (please print/stamp) _____ Healthcare Provider's Signature _____ Date of Exam _____

Rev.12/14