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

Due by April 30, 2015

CONFIDENTIAL

Returning Student

KAMEHAMEHA SCHOOLS - Hawai'i

Student Health Record - 2015 / 2016

Name (Last)	(First)	(MI)	Gender M / F	Birthdate:

Address (Mailing)	(City)	(Island)	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

Healthcare Provider To Complete This Section

Immunizations

Please include month/day/year

Last Tdap / Td	/ /			
Other: MCV/HPV/HepA		/ /	/ /	/ /
Other: MCV/HPV/HepA		/ /	/ /	/ /

Physical Examination Results

			N	A		N	A		N	A
Height	ins.	Ears			Heart			Skin		
Weight	lbs.	Eyes			Lungs			Genitalia		
Pulse		Nose			Abdomen			Extremities		
Blood		Mouth			Nervous System			Spine/Scoliosis		
Pressure		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.

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

Rev.12/14