

PHYSICAL EXAMINATION FORM

In accordance with the recommendations of the Saint Louis Archdiocese Health Advisory Committee, all children are expected to have a complete physical examination upon entrance to Pre-School, Kindergarten, 3<sup>rd</sup> Grade, 6<sup>th</sup> Grade, 9<sup>th</sup> Grade, and all newly enrolled students who have not had a physical examination within the past twelve (12) months. The physical Examination must be complete and signed by a medical doctor or physician assistant/nurse practitioner working under a collaborative practice agreement with a medical doctor.

This form is provided for the convenience of your child's physician. At the time of the examination, please have your physician complete and sign this form. It is expected that each student have this form on file at school by the first day of school.

School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F \_\_\_\_\_

Date of Examination \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ BMI \_\_\_\_\_

General Appearance

Nutrition \_\_\_\_\_ Nose \_\_\_\_\_ Abdomen \_\_\_\_\_ Skin \_\_\_\_\_ Mouth \_\_\_\_\_  
Back \_\_\_\_\_ Lungs \_\_\_\_\_ Genitalia \_\_\_\_\_ Head \_\_\_\_\_ Throat \_\_\_\_\_  
Extremities \_\_\_\_\_ Heart \_\_\_\_\_ Neck \_\_\_\_\_ Eyes \_\_\_\_\_ Neurologic Exam \_\_\_\_\_

Physician Comments & Recommendations – Give Details of Management of Significant Illnesses \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can Student Carry A full Program of School Work? Yes No (circle one)

Should Physical Activity Be Restricted? Yes No Explain \_\_\_\_\_

\_\_\_\_\_

Hearing Test: Type of Test \_\_\_\_\_ R L Both

Vision Test: Type of Test \_\_\_\_\_ R L Both

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

	<b>PLEASE ATTACH A COPY OF THE CURENT IMMUNIZATION RECORD</b>
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Office Stamp

# 2016-2017 Missouri School Immunization Requirements

- c All students must present documentation of up-to-date immunization status, including month, day, and year of each immunization before attending school.
- o The Advisory Committee on Immunization Practices (ACIP) allows a 4-day grace period. Students in all grade levels may receive immunizations up to four days before the due date.
- o For children beginning kindergarten during or after the 2003-04 school year, required immunizations should be administered according to the current Advisory Committee on Immunization Practices Schedule, including all spacing, (<http://www.cdc.gov/vaccines/schedules/index.html>).
- o To remain in school, students "in progress" must have an Immunization In Progress form (Imm.P.14), which includes the appointment date for needed immunizations, on file and must receive immunizations as soon as they become due. The student is in compliance as long as he/she continues to receive the appropriate immunization(s) at the correct intervals according to the ACIP recommendations.

In progress means that a child has begun the vaccine series and has an appointment for the next dose. This appointment must be kept and an updated record provided to the school. If the appointment is not kept, the child is no longer in progress and is noncompliant. (i.e., Hep B vaccine series was started but the child is not yet eligible to receive the next dose in the series.)

- o Religious (Imm.P.11A) and Medical (Imm.P.12) exemptions are allowed. The appropriate exemption card must be on file. Unimmunized children are subject to exclusion from school when outbreaks of vaccine-preventable diseases occur.

Vaccines Required for School Attendance	Doses Required by Grade												
	K	1	2	3	4	5	6	7	8	9	10	11	12
DTaP/DTP/DT <sup>1</sup>	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+	4+
Tdap <sup>2</sup>									1	1	1	1	1
MCV (Meningococcal) <sup>3</sup>									1				2
IPV (Polio) <sup>4</sup>	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
MMR <sup>5</sup>	2	2	2	2	2	2	2	2	2	2	2	2	2
Hepatitis B	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+	3+
Varicella <sup>6</sup>	2	2	2	2	2	2	2	1	1	1	1	1	No doses required, however vaccination is highly recommended.

1. Last dose on or after the fourth birthday and the last dose of pediatric pertussis before the seventh birthday. **Maximum needed:** six doses.
2. 8-12 Grades: Tdap, which contains pertussis vaccine, is required. **If a student received a Tdap, the student is up-to-date. Tdap is currently licensed for one dose only; an additional dose is not needed.**
3. Grade 8: One dose of MCV is required.  
Grade 12: Two doses of MCV is required unless the first dose was administered to a student who was 16 years of age or older, in which case only one dose is required.
4. Kindergarten-6 Grade: Last dose must be administered on or after the fourth birthday. The interval between the next-to-last and last dose should be at least six months.  
7-12 Grades: Last dose on or after the fourth birthday. If all four doses are administered appropriately and received prior to the fourth birthday, an additional dose is **not** needed. Any combination of four doses of IPV and OPV by four-six years of age constitutes a complete series. **Maximum needed:** four doses.
5. First dose must be given on or after twelve months of age.
6. First dose must be given on or after twelve months of age.  
Kindergarten-6 Grade: As satisfactory evidence of disease, a licensed health care provider may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.  
7-11 Grades: As satisfactory evidence of disease, a parent/guardian or MD or DO may sign and place on file with the school a written statement documenting the month and year of previous varicella (chickenpox) disease.

