

Student's Physical/Immunization Report

Note to Parents: Physical Examination reports are required:

- annually of students in the **pre-k, kindergarten and first grades**
- of students entering Carolina Day School for the first time, and
- of students entering **grades 4, 7 and 10**

All student health information is kept confidential.

Student's Name: _____ Grade: _____ Sex: _____ Date of Birth: _____

PHYSICIAN'S REPORT: This physical examination must be completed by a licensed physician, or his or her authorized agent, who is currently approved by a state Board of Medical Examiners.

Height: _____ Weight: _____ Heart: _____ Chest: _____ Throat: _____

Neck: _____ Abdomen: _____ GU: _____ Neurological System: _____ Ext.: _____

Teeth: _____ Skin: _____ Head: _____ Eyes: _____ Ears: _____

Should activities be restricted? Y/N If yes, recommendations:

Additional Information:

IMMUNIZATION HISTORY: If seeking exemption for medical or religious reasons, you must provide a copy of doctor's certificate or religious exemption letter.

VACCINE	DATE	DATE	DATE	DATE	DATE
DTaP					
Polio					
HIB					
Hep B					
MMR					
Varicella			date of disease		
Hep A					
Td/Tdap					
Meningococcal					
Misc					

Signature of Physician _____ Date of Examination _____

Office Address _____ Office Telephone Number _____