

**DIOCESE OF CHARLOTTE
STUDENT HEALTH RECORD**

SCHOOL _____ GRADE _____

NAM E(LAST) _____ (FIRST) _____ (MIDDLE) _____ BIRTH DATE _____ SEX _____

FATHER AND MOTHER (MAIDEN NAME) OR GUARDIAN _____

ADDRESS _____ CITY/STATE _____ ZIP _____

RECORD OF IMMUNIZATION (Enter date of EACH dose - Mo/Day/Year)					
VACCINE	#1	#2	#3	#4	#5
DTP/DTaP					
Tdap					
POLIO					
Hib					
MMR			HEPATITIS B SERIES		
MEASLES			#1	#2	#3
MUMPS			VARICELLA		#1
RUBELLA			MCV		#1
PCV					#2

STATE LAW REQUIRES MINIMUM DOSES FOR EACH VACCINE (SEE REVERSE)
NOTE: Exemptions from NC State Immunization Law require that a statement must be on file in student's permanent record. Exemptions must meet requirements of the law. Medical _____

HEIGHT _____ WEIGHT _____ BP _____ LAB REPORT _____

VISUAL ACUITY (R) _____ (L) _____ W/O GLASSES/CONTACTS

HEARING PASS _____ FAIL _____

PHYSICAL EXAM	NORMAL	ABNORMAL	PHYSICIAN'S COMMENTS
NUTRITION			
SKIN AND SCALP			
ENT			
TEETH			
EYES			
HEART			
LUNGS			
ABDOMEN			
ORTHOPEDIC			
NEURO			

CHECK BOX	PRESENT	ABSENT	PHYSICIAN'S COMMENTS
EMOTIONAL/MENTAL BEHAVIOR PROBLEM			
PHYSICAL HANDICAP-LIMITS ACTIVITY			
RESTRICTION NEEDED			
ENCOURAGE PARTICIPATION			
OTHER HANDICAP/DISABILITY:			
SEIZURES			
ALLERGIES			
ON MEDICATION (SPECIFY)			
FOLLOW-UP RECOMMENDED			

- Cleared - I certify that I have examined the above named student and that such exam reveals no condition that would prevent this student from participating in interscholastic sports or physical education classes.
- Not cleared. If student not qualified, list reasons. _____

DATE of EXAM _____ PHYSICIAN'S SIGNATURE _____

Physician's Address _____