Encompass Community For Independent Learning

at Friends Academy

1088 Tucker Road North Dartmouth, MA 02747

Tel. (508) 999-1356 Fax (508) 997-0117

HEALTH QUESTIONNAIRE AND PRACTITIONER'S EXAMINATION 2019-20

*THIS SIDE TO BE FILLED OUT BY PARENTS Please return prior to start of program

Name of Student________________________________Birth Date_______________Age __________ Grade____________

Name of Parents/Guardian_____________________________ Home#__________________Cell # __________Text? Y/N

Address____ Email__________________________

Child's Practitioner_______________________________________ Phone #______________________________________

Please provide 2 emergency contacts:

Name___________________ Phone # h-____________ cell#_______________ Relationship____________________

Name___________________ Phone #h-_____________ cell#_______________ Relationship____________________

Permission to provide necessary treatment or emergency care:

I hereby give permission to the medical personnel selected by Friends Academy staff to order x-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event of an emergency, I hereby give permission to the physician selected by Friends Academy staff to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied and released to all medical personnel involved in my child's care.

_______________________________________ _____________________________________

signature of parent/guardian date

Is your child allergic to anything? Please describe any allergic reactions your child has experienced:

____

____

Does an emergency medication need to be available at school?_________________________________

Does your child have asthma? Yes____ No____ If yes, please describe specifically the type, severity, frequency and list all medications. ____

____

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Does your child have any health conditions or limitations, past or present, of which we, as caregivers, should be aware? (For example: major diseases of the heart, lungs, intestines, kidneys, etc.; anemia; fainting; frequent respiratory or ear infections; broken bones; eating or stomach disorders; seizures; surgeries; behavior or learning disorders?) ____

____

Does your child take any medication, prescription or over-the-counter?

Yes____ No____If yes, please

explain____

SIDE 2 THIS SIDE TO BE FILLED OUT BY LICENSED PRACTITIONER – 2019-20

Please note - Physician parents may not fill out this form for their own children.

NAME:____ DOB:__________________ AGE: ___________

General Appearance:________________________________ Ht:_________ Wt:_________ BMI:_____________

B.P:.__________ Pulse:_________ *Vision Screen:__________*Hearing Screen:____________

Please check "N" for normal or "A" for abnormal

	N	A	REMARKS
Skin			
Eyes, pupils, sclera, vision			
Ears, canals, drums, hearing			
Nose, septum, turbinates			
Mouth, tongue, lips, pharynx, tonsils			
Teeth, gums, last dental check up			
Neck, mobility, lymph nodes, thyroid			
Chest, lungs			
Heart: rate, rhythm, murmurs			
Abdomen, hernias, liver, spleen			
Ano-genital, penis, testicles, labia			
Musculo-skeletal, spine, extremities			
Neurological, cranial nerves			
ALLERGIES			

IMMUNIZATIONS: Record to be completed by a licensed professional

	DATE	DATE	DATE	DATE	DATE	DATE
Polio (IPV or OPV please specify)						
DPT/DTaP						
HIB						
Measles, Mumps, Rubella (MMR)						
Hepatitis B						
TD Booster						
*Lead screening **required** for preschool and new kindergartners						
Varicella (vaccine or disease?)						
Tuberculosis Screening Assessment						
Others (PCV, influenza, hep A)						

Is this child taking any medications?

____

Describe any behavior or learning disorders: ____

____

Any conditions requiring restrictions in school activities including PE and after school sports?

____

____

*Vision and Hearing Screenings are not done by Friends Academy

Date:_____________________ MD/NP/PA Signature____

Please Attach Note Of “Religious Exemption,” If Applicable.