

DIOCESE OF CHARLOTTE STUDENT HEALTH RECORD

APPLIED or CURRENT SCHOOL _____ GRADE _____

NAME (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

DTaP	POLIO	MEASLES	Hib	HEPATITIS B	HPV
#1	#1	#1	#1	#1	#1
#2	#2	#2	#2	#2	#2
#3	#3	MUMPS	#3	#3	#3
#4	#4	#1	#4	HEPATITIS A	MENINGITIS
#5	MMR	#2	VARICELLA	#1	#1
Tdap	#1	RUBELLA	#1	#2	
#1	#2	#1	#2		
#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.

HEIGHT _____ WEIGHT _____ BP _____ LAB REPORT _____

VISUAL ACUITY: (R) _____ (L) _____ W/O GLASSES/CONTACTS HEARING: PASS _____ FAIL _____

PHYSICAL EXAM: Check appropriate box, note any additional comments.

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

	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 is not qualified, list reasons. _____

DATE of EXAM _____ PHYSICIAN'S SIGNATURE _____

Physician's Address _____

**Diocese of Charlotte
Catholic Schools
School Health Services**

All students are required by NC General Statute 130A-154 to have the following immunizations in order to attend school (all public and private schools).

- 1. DTP/DTaP – 5 doses**
- 2. Tdap booster prior to entering the 6th grade if it has been 5 years or greater since the last DTP/DTap**
- 3. Polio – 4 doses**
- 4. Hib – 1 dose (cannot be administered after age 5)**
- 5. Hepatitis B – 3 doses**
- 6. Varicella – 1 dose**
- 7. Measles – 2 doses**
- 8. Mumps – 2 doses**
- 9. Rubella – 1 dose**

The above requirements are applied for certain age groups and whether or not immunizations began as an infant. The school nurse reviews these requirements on an individual basis as each student is enrolled.

Parents must provide the immunization certificate to school. The immunization certificate may be copied. The original certificate should be retained by the family (and updated as booster doses are received) throughout the child's school career extending through college.

Immunization Certificates presented to school must include:

- 1. Name of child, birth date, address and names of parent/guardian.**
- 2. Full dates of each immunization dose (month, day, year).**
- 3. Name and address of physician or clinic which administered the immunizations.**
- 4. Certificates are to be signed or stamped by the physician or clinic.**