

Health Records Form

Grades 3, 5 and all New Students

Fort Worth Country Day - 4200 Country Day Lane - Fort Worth, Texas 76109 - 817.732.7718

STUDENT INFORMATION

Sex M or F Birth date: _____ Entering Grade: _____

Child's Name: _____

Address: _____

Mother's Name: _____

Phone Numbers Home: _____ Work: _____ Cell: _____

Father's Name: _____

Phone Numbers Home: _____ Work: _____ Cell: _____

- The Registered Nurse at Fort Worth Country Day has my permission to administer:
 Ibuprofen (Advil) Acetaminophen (Tylenol) Other _____ at nurse's discretion

Parent/Guardian Signature _____ Date _____

Texas State Law requires exclusion of a student if a record of exact dates, which must include month, day and year, is not on file at the start of school session.

Immunization Record

Each dose must list month, day and year.

Conjugate Pneumococcal	_____	_____	_____	_____
DTaP	_____	_____	_____	_____
Hepatitis A	_____	_____		
Hepatitis B: series of 3 required	_____	_____	_____	
Hib	_____	_____	_____	_____
IPV	_____	_____	_____	_____
MMR	_____	_____		
Tetanus Booster: required at least every 10 yrs	Date:	_____		
Varicella (Chicken pox)	_____	_____	or date of disease	_____
Other _____	_____	_____	_____	_____

Physician or Nurse must complete this form:

Signature: _____ MD or RN Date: _____

Phone Number: _____ Fax Number: _____

HEARING SCREENING

at25dB	R	L	1 st Test
500Hz			PASS FAIL RESCREEN
1000Hz			
2000Hz			
4000Hz			

_____ Date

VISION SCREENING

1 st W/WO glasses		2 nd W/WO glasses	
Distance acuity:		Distance acuity:	
R-20/	L-20/	R-20/	L-20/
Pass		Pass	
Fail		Fail	
Rescreen		Refer	

SPINAL SCREENING

Date: _____ Pass: _____ Fail: _____

Signature: _____

CHILD'S HEALTH STATUS REPORT

Height: _____ Weight: _____ NKA Allergic to: _____

Health condition and/or chronic illness (e.g. allergies, diabetes, epilepsy, fainting episodes, heart murmur). Include treatment and any precautions which should be taken. Use additional sheet if needed.

Physician: Please check the appropriate statement:

1. ___ Student may safely participate in physical education activities.
2. ___ Student may take part in light exercise only.
3. ___ Student requires rest and abstinence from any sort of exercise.

Reason/Explanation:

Physician's Signature: _____ Date: _____

For questions contact June McGee, RN at jmcgee@fwcds.org or 817.302.3257.