FORDHAM PREPARATORY SCHOOL
East Fordham Road, Bronx, New York 10458-5175 • (718) 367-7500 • Fax (718) 367-7598

STUDENT PHYSICAL INFORMATION AND CONSENT FORM

CLASS OF

Parent/Guardian: Please complete and sign the information below

STUDENT'S NAME:_____DATE OF BIRTH:_____

ADDRESS:_____

HOME PHONE: (____)_____

PARENTS' NAMES:_____

MOTHER'S BUSINESS NAME AND ADDRESS:_____

_____

PHONE #: (___)_____CELL #:_____

FATHER'S BUSINESS NAME AND ADDRESS:_____

_____

PHONE #: (___)_____CELL #:_____

PHYSICIAN'S NAME:_____

ADDRESS:_____PHONE #: ___

EMERGENCY CONTACT (in case parents cannot be reached):

NAME : _____PHONE:_____

Does the student have allergies or asthma?_____

Is the student under any ongoing medical care or treatment? _____

Does the student take any medication? _____

Any special problems of which we should be aware? _____

☐ Yes ☐ No Consent for Emergency Treatment: In the event that I cannot be reached in an emergency, I give permission for an appropriate medical facility to evaluate my son and provide any necessary medical treatment. (Every effort is made to contact the parents or emergency contact person first.)

☐ Yes ☐ No Consent to Share Information: The School Nurse has permission to share information provided in this report with appropriate members of the educational team for use in meeting the health and educational needs of the student. This will be done only on a "need to know" basis, in a confidential manner. This would include permission for communication between the Health Provider and School Nurse to facilitate this process.

☐ Yes ☐ No Consent for Release of Records: Fordham Preparatory School may provide a copy of the immunization record/medical report to institutions, such as Colleges, transfer schools & Christian Service sites, when requested by the student or parent on behalf of those institutions.

Parent/Guardian signature:_____

Before submitting: Please make copies of completed form for your son's future needs (working papers, Christian Service, camps, etc)

Over ⟶

Fordham Preparatory School Physical Examination Form

NAME: _____ **DOB:** _____ **EXAM DATE:**_____

IMMUNIZATIONS / HEALTH HISTORY

❒ Immunization record attached

MANTOUX (PPD) Tuberculin Skin Test:

PPD: ❒Negative ❒Positive Chest X-Ray Date:_____ Results:_____ Medication:_____

❒ TB screening is not needed. No risk factors identified.

Significant Medical/Surgical History: _____

_____

Allergies: ❒ Seasonal ❒ Medication ❒ Food ❒ Insect ❒ Other

Specify: _____

❒ Life Threatening: _____ ❒ Benedryl prescribed ❒EpiPen prescribed

Medication Administration forms for Benadryl and EpiPen must be completed by physician and attached.

PHYSICAL EXAM

Height: _____ Weight: _____ Blood Pressure: _____ Pulse: _____

				Referral
Body Mass Index: _____ _____ . _____	Vision - without glasses/contact lenses	R	L	
Weight Status Category (BMI Percentile):	Vision - with glasses/contact lenses	R	L	
❑ less than 5th ❑ 5th through 49th ❑ 50th through 84th	Hearing ❑ Pass 20 db sc both ears or:	R	L	
❑ 85th through 94th ❑ 95th through 98th ❑ 99th and higher				

❒ **EXAM ENTIRELY NORMAL** Tanner: I. II. III. IV. V. Scoliosis: ❒ Negative ❒ Positive: _____

Specify any abnormality: _____

_____

_____

MEDICATIONS

Medications (list all): ❒ None

Name: _____ Dosage/Time: _____

Name: _____ Dosage/Time: _____

PHYSICAL EDUCATION / SPORTS / WORK

❒ Full participation in all physical education, sports, work, and school activities

❒ Limited participation Specify: _____

_____

Physician's Signature: _____ Phone: _____

Physician's Name/Address: _____ Fax: _____

Physician's Stamp (required): Exam Date:_____