



DEPARTMENT OF EDUCATION MEDICAL CLEARANCE FORM



Student Name: _____ Date of Birth: _____ Date: _____
 Home Address: _____
 Mailing Address: _____
 Father/Guardian: _____ Mother/Guardian: _____
 Home Phone: _____ Home Phone: _____
 Work Phone: _____ Work Phone: _____
 Cell Phone: _____ Cell Phone: _____

PART I: IMMUNIZATION AND TB STATUS

A copy of the Official Immunization Record must be attached. Such record must indicate the specific immunizations and results of a TB skin test and date on which they were received. Please refer to Board Policy 337 or the specific requirements. (See Reverse for Board Policy 337)

PART II: PHYSICAL EXAMINATION (To be completed by medical professional)

T-P-R-BP: _____ / _____ / _____ / _____
 Height: _____ Vision: Right _____ Hearing: Right _____
 Weight: _____ Left _____ Left _____

Please check each line	Normal	Abnormal	Not Examined	Findings
General Appearance				
Skin, Hair, Nails				
Eyes: External (pupils, cornea)				
Optic Fundus				
Muscle Balance				
Ears: External				
Auditory Acuity				
Tympanic membrane				
Nose, Mouth, Pharynx, Larynx				
Speech				
Teeth, Gums				
Neck, Lymph Nodes, Thyroid				
Cardiovascular				
Respiratory				
Gastrointestinal				
Genito-urinary				
Muscular-Skeletal				
Scoliosis Screening				
Neurological Impressions				
Nutritional Status				
Behavior during examination				
Other				

Summary of Findings, Treatments, and Recommendations

Diagnosis/Findings _____ Advice & Treatment Given _____ Recommendations & Follow-up Plan _____

PART III: LABORATORY TESTS (If Required)

Hemoglobin: _____ Date: _____ Hematocrit: _____ Date: _____
 Other Test: _____ Result: _____ Date: _____

WHAT IS YOUR OPINION OF THIS CHILD'S HEALTH?

// Perfectly Healthy // Specific Problem // Special Healthcare Needs

This child is physically fit to participate in physical education and/or athletic events and related activities?

____ Yes ____ No

Name of Examiner (Print)

Signature

Clinic & Phone Number

Date



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THIS PORTION TO BE COMPLETED BY PARENTS

HEALTH HISTORY (Please indicate age or year of condition on the space provided below)

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Skin Disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Measles | <input type="checkbox"/> Hernia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Mumps | <input type="checkbox"/> Vision Problem |
| <input type="checkbox"/> Convulsions/Seizures | <input type="checkbox"/> Hearing Problem | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Other |

- Head Injuries.....Year _____ Results _____
- Fractures.....Year _____ Results _____
- Previous Hospitalization..... Year _____ Results _____
- Allergies (please list)..... _____
- Taking any medication(s)? Yes No
Name of Medication(s): _____
Reason/Diagnosis: _____
- Special medical needs (please explain or specify): _____
- Prosthesis (please explain or specify): _____
- Glasses or Hearing aid: _____
- Any medical reason why this child should not participate in physical education or related activities?
 Yes No
Please Explain _____

It is important to notify the School Health Counselor or principal of any pertinent change in health status, temporary or otherwise.

Students must submit valid documentation showing completion of a Physical Examination, Immunizations when they are due, Results of a TB skin test, & Emergency Information Card. (Board policy 337 – Health Requirements)

Students who plan to participate in interscholastic activities/athletics must submit the Parental Consent & Athletic Clearance form. (GIAA Rule VII, Student Eligibility, Section 5 – Parent Consent/Medical Form)

Parent/Guardian Signature _____ Date

BOARD POLICY 337: IMMUNIZATION & HEALTH REQUIREMENTS

- An official immunization card**, or a statement on official medical letterhead which has been signed by duly authorized medical personnel, or a copy of (or original) school health records, any of which clearly shows the dates on which the child has received:
 - 1 dose **DTaP/DTP/DT or Td** if the child is 7 or more years of age. 1 dose of **TD** is required if 10 years elapsed since last DTaP/DTP/DT.
 - 1 dose of **TOPV or IPV**
 - for K - 12 students: **2 doses of MMR***, provided the second MMR (MMR2) was received no sooner than 30 days after receipt of the initial MMR* - for Head Start and K-12 grade students: one dose of MMR* or MR if the child is 7 or more years of age, * the first MMR (MMR1) must be received no sooner than the first birthday to be considered valid
 - for K-First grade students: 1 dose of **Hepatitis B**

Note: Items a, b, c, and d represent only the minimal immunizations required for registration. Students are required to present valid documentation after registration of having received follow-up immunizations as a condition for continued school enrollment.
- The results of a TB skin test** conducted within a year prior to registration if the child is entering from the U.S.A. or U.S. Territories, or within 6 months prior to registration if the child is entering from a non-U.S. territory.
 - If the results are positive (e.g. a reading of 10 mm or greater) the child must obtain a TB Evaluation Clearance Form from the Department of Public Health and Social Services in Mangilao before registration can be completed. Call the **Tuberculosis program at 735-7120/7135**; or make an appointment if this evaluation is needed.
 - TB skin test will be required for all DOE students who will transition from elementary to middle school and middle to high school at sixth and ninth grade.
- The results of a physical exam** current within one year prior to or after entry into any school system or official documentation which shows that a physical exam has been scheduled for the child. Physical exams will be required for transitioning students from elementary to middle school and middle to high schools at sixth and ninth grade. If a student presents with a medical concern or diagnosis the SHC may require an updated medical clearance for school attendance or PE.
Note: A student who does not submit the results of a scheduled physical exam by the school day after the scheduled date will be excluded from school until the results are submitted.
- A completed Emergency Information & Health Form annually** [provided by the school].