

Student Physical Examination

For Use Beginning: _____

File Name: Form

Last Update: 5/2020

Division: All school

Purpose: Doctor completed health form for students

New-to-Concordia Students

Required: A doctor completed Student Physical Examination within the six-month period preceding the first day of school at Concordia.

All Current Students

Required: A doctor completed Student Physical Examination **update exam before the start of every three-academic year.**

This form can be submitted as part of the returning Family Data Verification process in August. New students should submit it no later than the New Student orientation in August. The form may also be given to the Health Office (M121) or ES Nurse Station (E103) **prior to your child's Orientation Day.** School nurses will verify information is complete and contact parents if additional information or action is required.

To the Physician:

Please make a physical examination of the below-named student and use the codes indicated in marking the conditions.

(Student's Name: Last, First, Middle)

(Date of Birth)

(Age)

(Grade)

Height: _____ (cm) Weight: _____ (kg) Pulse: _____ BP: _____

Code: No Defects – 0; Defects – X; Immediate Attention Desired – XX; Under Treatment – T; Corrected – C

Vision Screen	L	R	Nutrition		Muscle Tone	
w/glasses	L	R	Scalp/Hair		Thyroid	
w/contacts	L	R	Heart/Circulation		Lungs/Chest	
color perception			Nervous System		Lymph	
Hearing Screen	L	R	Skin		Abdomen	
Ears			Speech		Dental	
Throat			Orthopedic		Menses?	Y N
Nose			Scoliosis?	Y N	Other	

Abnormal findings explain _____

Physical Activities: (Normal Physical Education Classes, Swimming, and Competitive Sports)

Unrestricted _____ Restricted _____ Modified _____ If modified, how? _____

Reason for restriction or modification: _____

Allergies None

Food _____ Medication _____ Insect _____ Environmental _____

Symptoms _____

Treatment _____

Severity of allergy (please circle): Mild Moderate Severe

**** If prescribing an Epi-pen please prescribe TWO sets. Two Epi-pens to keep at school and two to be kept at home.**

Medication: Is this student taking any medication (oral or injection) on a regular basis?

Yes No If yes, name(s) and dosage(s): _____

Tuberculosis screening (肺结核筛查) required for new students and before the start of every three academic years (PPD, T-SPOT, Chest X-ray):

- Newly positive PPD/ T-spot, please provide treatment plan, clearance to start school, and follow-up chest x-ray results.
- History of positive PPD/T-spot results in the past, please obtain a chest x-ray with results.
- TB screening is required for students having BCG vaccination; we recommend T-spot or Chest x-ray.
- If child has received BCG, they should not do PPD as it will produce a false positive.
- Limited availability for skin test (PPD) in Shanghai.

Type _____ Results _____ Date _____

Immunization Record

Concordia has a **mandatory** vaccination and immunization policy, following the CDC immunization schedule. We require your child to have up-to-date and/or completed MMR, DPT, and Polio series in order to attend school, varicella vaccine is highly recommended.

RETURNING STUDENTS Please submit a scanned or hard copy of immunization record if any updates.

NEW STUDENT: Please attach a copy of your child’s immunizations records, including all exact dates.

Please ensure your copy has the exact dates the immunization was received:

Name of Vaccination	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y	M / D / Y
Measles/Mumps/Rubella (MMR) (Required) (12-15 months, 4-6 years old)	/ /	/ /				
Diphtheria/Pertussis/Tetanus (DPT, DTaP, Tdap) (Required) (2, 4, 6, 15-18 months, 4-6 years old; booster: 11-12 years old)	/ /	/ /	/ /	/ /	/ /	/ /
Polio (Oral / Injection) (Required) (2, 4, 6 -18 months,4-6 years old)	/ /	/ /	/ /	/ /		
Hepatitis A (Recommended)	/ /	/ /				
Hepatitis B (Recommended)	/ /	/ /	/ /			
Varicella (Chicken Pox) (Highly Recommended)	/ /	/ /				
BCG (if applicable)	/ /					

RETURNING STUDENTS
Please tick
 records on file, no update
 photocopy attached of updated immunizations

Indicate the date of any new immunizations your child has received in the past year:

Doctor’s Name (please use CAPITAL LETTERS): _____

Doctor’s Signature: _____

Doctor’s Address: _____

Date of Examination: _____ Telephone (Country and Area Code): _____

Reminder

The doctor completed Student Physical Examination can be completed by your own registered physician in your home or current country or by a local registered physician in a medical clinic in Shanghai.

If your doctor has given you an alternate form, this will suffice; it is not necessary to use Student Physical Exam form we have provided, although it is our preference.

TB Testing

PPD skin test-currently the clinics in Shanghai we know that are providing this are: Shanghai United Family Hospital Puxi Clinic, Pudong Clinic and Shanghai International Travel Healthcare Center

T-SPOT-a single-visit blood test for tuberculosis (TB) screening, also known as an interferon gamma release assay (IGRA). This technique has the advantage that it is less influenced by previous BCG vaccination compared with the traditional testing method for latent tuberculosis, the PPD skin test.

Other-If you use an alternate form that does not include tuberculosis screening; TB screening is required for all new students and current students must recheck it before the start of every three-academic year.