HILLEL YESHIVA
Student Health History

Student Name_____ Sex: M____ F____

Entering Grade_____ Age_____ Date Of Birth_____

Name Of Physician_____

**to be completed by a physician or nurse practitioner* Record of Immunizations
(Required of all students prior to entering school)

Dtap: 1)_____ 2)_____ 3)_____ 4)_____ 5)_____
Tdap: 1) _____
POLIO: 1)_____ 2)_____ 3)_____ 4)_____
MMR: 1)_____ 2)_____
Hepatitis B: 1)_____ 2)_____ 3)_____
Hepatitis A: 1)_____ 2)_____
Hemophilus B: 1)_____ 2)_____ 3)_____ 4)_____
Varivax: 1) _____ 2) _____ Disease: _____
Prevnar: 1)_____ 2)_____ 3)_____ 4)_____ 5) _____
Rotavirus 1)_____ 2)_____ 3) _____
Menactra: 1) _____
Other vaccines: _____

TUBERCULIN TEST (Mantoux Only) Date: _____ Results: _____

FINDINGS OF PHYSICAL EXAMINATION:

Height_____ Weight_____ Blood Pressure_____

Vision: R_____ L_____ Both_____ Hearing: R_____ L_____

Heart_____ Lungs_____ Abdomen_____

Skin_____ Speech_____ Hernias_____

Scoliosis_____

Please list any chronic health conditions or physical restrictions: _____

_____

_____

Physician's Signature: _____Date: _____