



**BISHOP SHANAHAN HIGH SCHOOL
SCHOOL HEALTH INFORMATION**

+This is a required form and a copy of the most recent immunization is required for registration.+

Transferring School: _____ Date: _____

Child's Name: _____ Gender: M F Birth date: _____ Grade: _____

Address: _____ Phone: _____

Parent Name: _____ Parent Name: _____

Health Care Provider: _____ Phone: _____

The School Health Act requires that medical examinations be given in grade 11 and for any student who is entering school for the first time in the Pennsylvania. A blank physical examination form can be located on the Shanahan website under Health Resources.

Please Complete:

1. Does your child corrective lenses (glasses/contacts)? YES NO

2. Does your child have a hearing problem? YES NO

3. Does your child have allergies? YES NO

What is your child allergic to (insects, bees, food, environment, medications, etc.)?

4. Does your child require an epinephrine auto-injector (ie EpiPen)? YES NO

If yes, the medication and appropriate form(s) signed by physician and parent/guardian must be given to the nurse by the first day that the child enters school.

5. Does your child have asthma or reactive airway disease? YES NO

6. Is your child taking any medication? YES NO

a. Non prescription _____

b. Prescription _____

c. Reason for taking medication _____

d. Does your child need to take medication at school? YES NO

e. What is the name and reason for taking the medication at school? _____

7. Has your child ever had seizures? YES NO Date: _____ Cause: _____

8. Does your child have any special health needs or problems? YES NO

a. Explain (OK to use the back of this form if needed): _____

9. Did you child have: (Please put date in line provided)

Chicken pox _____ Mumps _____ Scarlettina _____ Measles _____

Whooping cough _____ Scarlet fever _____ Tuberculosis _____ Hepatitis _____

German measles _____ Rheumatic fever _____

Parent/Guardian Signature signifies that all of the above information is complete and accurate:

_____ Date: _____