

# Villa Maria Academy High School

## Freshman Physical Form

Name of Student: \_\_\_\_\_ Date of Exam: \_\_\_/\_\_\_/\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

### IMMUNIZATIONS

**You may attach your student's immunization record to this document.**

\*Immunizations must be updated and are required before entrance to school. Students may not enter school until the physical examination form is complete and on file at school.

Vaccine (doses)	Enter month, day & year (please give exact dates) each immunization was given				
DTaP, DTP, Td or DT	1	2	3	4	5
Tdap (Tetanus, Diphtheria & Acellular Pertussis)	1	2	3	4	5
Polio	1	2	3	4	5
Hepatitis B	1	2	3	4	5
MMR (Measles-Mumps-Rubella)	1	2			
Varicella (Vaccine or Disease)	1	2	Varicella disease diagnosed by MD:		
MCV (Meningococcal)	1	2			
Hepatitis A	1	2	3		

**Age appropriate dose of MCV and Tdap are required for entry into 9<sup>th</sup> grade.**

### HEALTH HISTORY (Give Dates, if known)

Allergy \_\_\_\_\_ Epi-pen Yes or No \_\_\_\_\_ Behavioral Health \_\_\_\_\_

Asthma \_\_\_\_\_ Inhaler Yes or No \_\_\_\_\_ Diabetes \_\_\_\_\_

Concussion \_\_\_\_\_ Heart Disease \_\_\_\_\_

Give significant details of child's medical history, including serious illness, operations, accidents, etc. \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BMI: \_\_\_\_\_ B/P: \_\_\_\_\_ Pulse: \_\_\_\_\_ RR: \_\_\_\_\_

	Normal	Abnormal		Normal	Abnormal		Normal	Abnormal
Emotional Status	( )	( )	Teeth	( )	( )	Posture	( )	( )
General Nutrition	( )	( )	Glands	( )	( )	Scoliosis:	( )	
Skin	( )	( )	Heart	( )	( )			
Eyes	( )	( )	Lungs	( )	( )			
Glasses/	R:	L:	Abdomen	( )	( )			
Ears	( )	( )	Neuro-muscular	( )	( )			
Hearing	( )	( )	Speech	( )	( )			
Nose & Throat	( )	( )	Skeleton	( )	( )			

Is child under treatment? Yes ( ) No ( )      Should this child have restrictions with physical education or sports activities? Yes ( ) No ( )

Medical Diagnosis \_\_\_\_\_

Medications prescribed \_\_\_\_\_

Signature of Physician \_\_\_\_\_

Telephone \_\_\_\_\_

**Please return this form by August 1**  
**Villa Maria Academy High School**  
**Attention: School Nurse**  
**370 Central Avenue**  
**Malvern, PA 19355**