Villa Maria Academy High School
Freshman Physical Form

Name of Student: _____ **Date of Exam:** ___/_____/_____

Date of Birth: _____/_____/_____

Address:_____City:_____State: _____Zip:_____

IMMUNIZATION STATUS

*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				
Diphtheria and Tetanus DTaP, DTP, Td or DT	1	2	3	4	5
Tetanus,Diphtheria and Acellular Pertussis (Tdap)*	1	2	3	4	
Polio	1		3	4	5
Hepatitis B	1	2	3		5
Measles-Mumps-Rubella (MMR)	1	2	Measles Serology Date		Titer
Varicella (Vaccine or Disease)	1	2	Rubella Serology Date		Titer
Meningococcal (MCV)*	1	2	Mumps disease diagnosed by a physician : Date		
HPV	1	2	3		

Age appropriate dose of MCV and Tdap are required for entry into 9th grade.

HEALTH HISTORY (Give Dates, if known)

Allergy_____ Epi-pen Yes or No

Asthma _____ Inhaler Yes or No

Concussion _____

Behavioral Health Concern _____

Diabetes_____

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/Restrictions _____

Medications prescribed _____

Signature of Physician_____ Date: _____

Print name of Physician_____ Telephone _____